The New York
Academy of Medicine



By Exchange

THE N.Y. ACADEMY OF MEDICINE
JUL 29 1949
LIBRARY

The ILLINOIS Medical Journal

VOL. 96 NO. 1

July, 1949

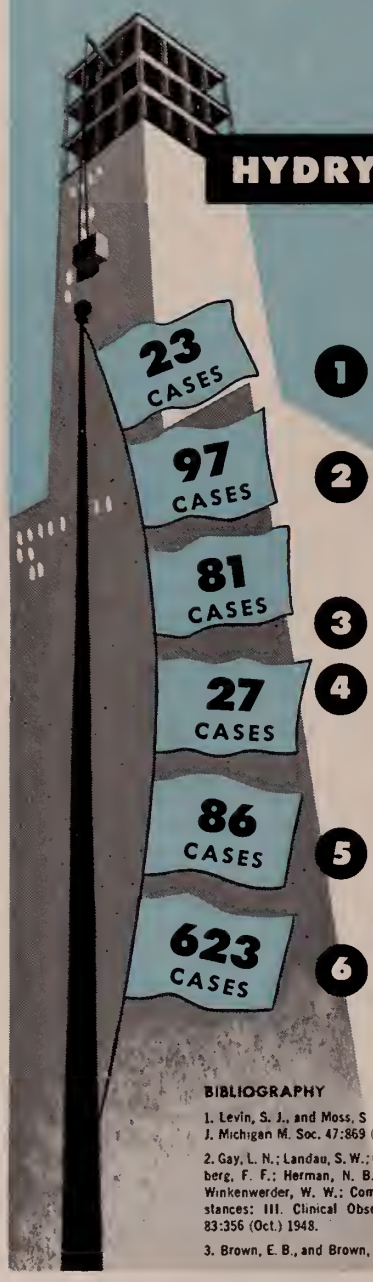
96
1949

First Session of the House of Delegates May 16, 1949

(See page 5 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

THE EVIDENCE IS BUILDING UP



"markedly benefited"[1]
"% benefited . . . 73"[2]
"relief obtained"[3]
"definite relief"[4]
"relieved 56 per cent"[5]
IN HAY FEVER

1. "The results in hay fever with Hydryllin were very striking. Twenty of twenty-three seasonal hay fever patients (86.9 per cent) were markedly benefited, receiving relief varying from 50 to 100 per cent."[1]

2. "% benefited . . . 73."[2] In table 1 it is shown that Hydryllin benefited 73 per cent of ninety-seven patients with seasonal and perennial allergic rhinitis.

Symptom	Number of patients	Relief Obtained 100%	75%	50%	20%	0
Hay Fever	81	39	12	11	5	14"[3]

3.

4. ". . . in a group of hay fever cases, 14, or 52 per cent, obtained definite relief (50 to 100 per cent amelioration of symptoms) with Hydryllin. In some cases relief followed immediately after the first use of the drug, but in other cases it was necessary to increase the dose to three to six tablets daily."[4]

5. "Hydryllin relieved 56 per cent of 86 patients. . . ."[5]

AND IN ASTHMA

6. "In the asthmatic cases, both those with asthma due to pollen and those having asthma from other sources, the figures of the effectiveness of the drug are more impressive than those of other antihistaminics."[6]

BIBLIOGRAPHY

1. Levin, S. J., and Moss, S S.: Hydryllin in Asthma and Hay Fever, J. Michigan M. Soc. 47:869 (Aug.) 1948.

2. Gay, L. N.; Landau, S. W.; Carliner, P. E.; Davidson, N. S.; Furstenberg, F. F.; Herman, N. B.; Nelson, W. H.; Parsons, J. W., and Winkenwerder, W. W.: Comparative Study of Antihistamine Substances: III. Clinical Observations, Bull. Johns Hopkins Hosp. 83:356 (Oct.) 1948.

3. Brown, E. B., and Brown, F. W.: The Use of a New Antihistaminic Combination in the Treatment of Allergic Disorders, New York State J. Med. 48:1465 (July 1) 1948.

4. Markow, H.; Bloom, S., and Leibowitz, H.: An Evaluation of Hydryllin (Diphenhydramine and Aminophyllin) in the Symptomatic Treatment of Allergy, New York State J. Med. 48:2390 (Nov. 1) 1948.

5. Arbesman, C. E.: Comparative Studies of Several Antihistaminic Drugs, J. Allergy, 19:178 (May) 1948.

6. Committee on Therapy of the American Academy of Allergy, St. Louis, Dec. 15-17, 1947.

HYDRYLLIN®
SEARLE

Research in the Service of Medicine

G. D. SEARLE & CO., CHICAGO 80, ILLINOIS

HYDRYLLIN TABLETS contain:
Diphenhydramine 25 mg.
Aminophyllin 100 mg.

HYDRYLLIN with Racephedrine Hydrochloride
Each tablet contains:
Hydryllin 125 mg.
Racephedrine Hydrochloride 25 mg.

HYDRYLLIN ELIXIR (4 cc. = ½ Hydryllin tablet)

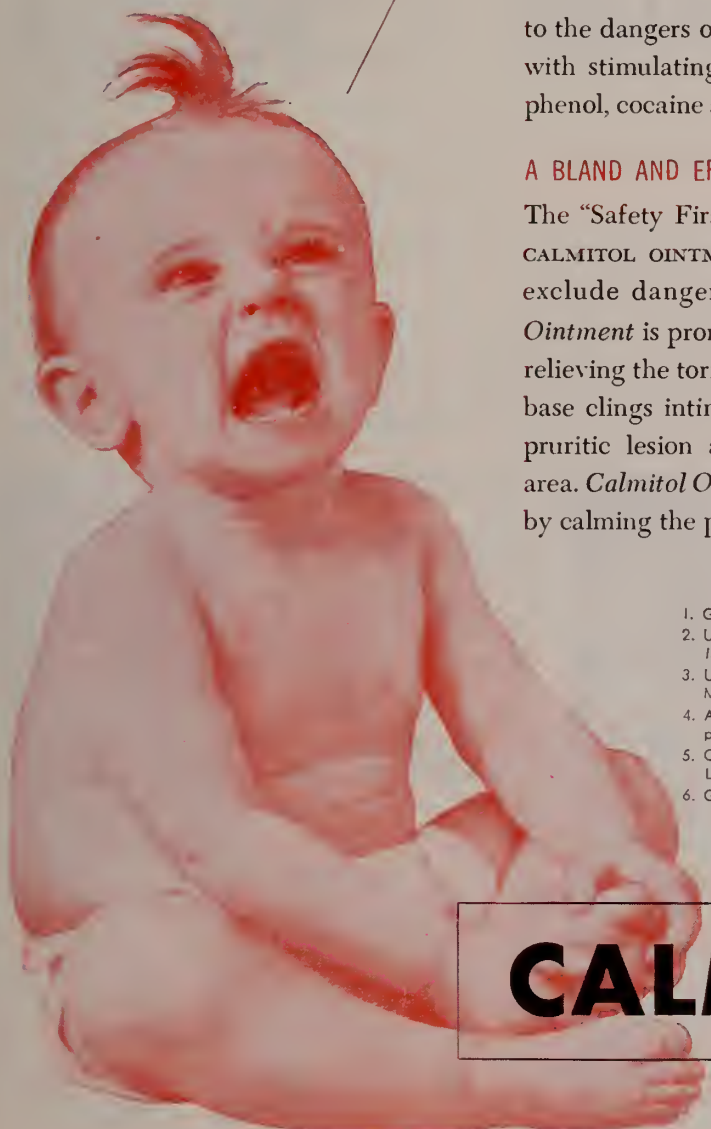
HYDRYLLIN COMPOUND (cough syrup preporation)

LIBRARY
JUN -5 1950
NEW YORK ACADEMY OF MEDICINE

Entered as Second-Class Matter July 21, 1919, at the Post Office. Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.

273660

a loud and insistent appeal



Understandably urgent, the pruritic infant demands rapid, *SAFE* control of symptomatic itch. Pediatricians, in particular, must be alert to the dangers of "imprudent topical therapy"[1] with stimulating or keratolytic drugs such as phenol, cocaine and cocaine derivatives.[2-6]

A BLAND AND EFFECTIVE RESPONSE

The "Safety First" of antipruritic treatment is CALMITOL OINTMENT, expressly formulated to exclude dangerous medicaments. *Calmitol Ointment* is promptly and lastingly effective in relieving the torments of itch. Its fine emollient base clings intimately and protectively to the pruritic lesion and the surrounding affected area. *Calmitol Ointment* calms the little patient by calming the pruritus.

1. Gaul, L. E.: J.A.M.A. *127*:439, 1945.
2. Underwood, G. B., and Gaul, L. E.: J.A.M.A. *138*:570, 1948.
3. Underwood, G. B.; Gaul, L. E.; Collins, E., and Mosby, M.: J.A.M.A. *130*:249, 1946.
4. Andrews, G. C.: Diseases of the Skin, Philadelphia, W. B. Saunders Co., 1946.
5. Ormsby, O. S.: Diseases of the Skin, Philadelphia, Lea and Febiger, 1937.
6. Gaul, L. E.: Hygeia 23:280, 1945.

CALMITOL

Thos. Leeming & Co. Inc.
155 EAST 44TH ST., NEW YORK 17, N. Y.

Rev. Exch. Bull.

The Story

History of Perandren* Reductions	
January, 1939	10%
June, 1943	10%
January, 1947	20%
August, 1947	35%
February, 1949	up to 30%
June, 1949	up to 35%

*Ciba brand of testosterone propionate, U. S. P.

Behind Perandren Price Reductions

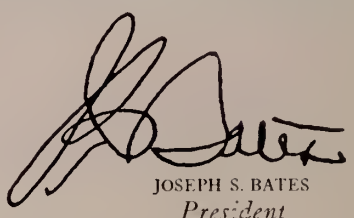
AGAIN in June, Ciba reduced the prices of Perandren by amounts up to 35 per cent. This was the second such reduction in 1949.

Ciba introduced Perandren in 1936 as the result of the successful synthesis of testosterone propionate after years of exhaustive research. Ever since, this product has been subjected to a policy of investigation of all phases of its clinical application as well as the efficiency of its manufacture. This policy has been supported by large investments of money and research effort.

One result of this broad program has been the data and conservative advice which Ciba has been able to place at the disposal of the medical profession. Another result has been a gradual increase in manufacturing efficiency with its concomitant savings in cost. These savings, together with those which have come from the steadily increasing demand for Perandren, have been passed on in large part to the user, in conformity with what Ciba conceives to be its responsibility to the medical profession and the public.

Ciba was the first to bring about drastic reductions in the price of testosterone propionate. Now Perandren is benefiting many times the original number of patients, and, with the announcement of another price reduction, Perandren is less than 20% of its original price.

This is concrete evidence of our adherence to the Ciba policy of sharing economies from technological advances with those who enjoy the therapeutic benefits of Perandren, the Ciba brand of testosterone propionate.



JOSEPH S. BATES
President

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

PERANDREN—T. M. Reg. U. S. Pat. Off. 2/1509M

TABLE OF CONTENTS

JULY, 1949
Vol. 96, No. 1

HOUSE OF DELEGATES
First Session, May 16, 1949 13
Reports of Officers 14
Reports of Standing Committees 35
Reports of Council Committees 46

EDITORIALS
The 1949 Annual Meeting 1
Awards to Scientific Exhibitors at Annual Meeting 1
Your New Officers 2
A Resolution by The House of Delegates of The Illinois State Medical Society 2
Statistics Can Make Sense 4
The "Grass Roots" Conference, *H. Kenneth Scatliff, M.D.* 5
Thus Spake Zarathustra! 8
New Offices and Clinic Buildings 10
Book Reviews 48

CORRESPONDENCE
Clinics for Crippled Children Listed for August .. 11
Cancer of the Lung 11
Research Fellowship 12
Rotating Intern Psychiatric Resident 12
Air Force Medical Reserve is Established 12
PHYSICAL MEDICINE ABSTRACTS 34
NEWS OF THE STATE 78



PRECISION BUILT *by* Expert Craftsmen

The knee-joint cross-section shows that Hanger Artificial Limbs are not complicated mechanisms, not loosely-fitted pieces, but a few expertly-machined parts carefully assembled by experts. The simple construction making possible the efficient operation of Hanger Limbs is the result of long study and research. It is dependent on precision-made parts properly assembled. Hanger craftsmen are carefully selected and trained for this important work. Each Hanger Limb therefore conforms to specifications developed by years of experience.

HANGER ARTIFICIAL LIMBS
527-529 S. Wells St., Chicago 7, Illinois
1912-14 Olive Street, St. Louis 3, Missouri



FREE Diaphragms
12 COOPER CREME
Large size tubes $8.00
6 DIAPHRAGMS
Guaranteed 2 years NO CHARGE
SIZES 50 TO 100 MM.
This $14.00 Value
$8.00
Write "Special Offer" on your Rx blank. State size diaphragms wanted and mail at once to
Whittaker Laboratories INC.
Peekskill, N.Y.

True in '38

"Because of the convenience, smaller adequate dose, and better tolerance, the trend is toward the use of ferrous sulfate . . ."

Sielke, E.L.: Rhode Island M.J. 21:61 (April) 1938

True in '48

"No iron preparation has proved superior to ferrous sulfate, with respect either to economy or efficacy."

Emerson, C.P., Jr.: M.Clin. North America 32:1264 (Sept.) 1948

and True Today

There are many iron preparations, but only Feosol Tablets provide ferrous sulfate with the special, S.K.F.-developed vehicle and coating that—

1. prevent oxidation of the ferrous sulfate into the inferior ferric form
2. assure prompt disintegration in the acid medium of the stomach and upper duodenum, where iron absorption is best.

Each Feosol Tablet contains 3 grains exsiccated ferrous sulfate—the equivalent of approximately 5 grains crystalline ferrous sulfate.



Feosol Tablets



the standard iron therapy

Smith, Kline & French Laboratories
Philadelphia



AT LAST! EFFECTIVE RELIEF IN BRONCHIAL ASTHMA

——"*inconspicuous side effects*"[1]

Prompt, complete relief in bronchial asthma and associated conditions . . . yet "causes very little central nervous stimulation and produces little or no pressor action."[1]

85%–90% effective relief in over 1400 patients during an exacting 8-year clinical study.

Increased vital capacity . . . better feeling of well-being . . . essentially free from undesirable side actions.

Its name is **NETHAPHYL®**



Each capsule contains: Nethamine® Hydrochloride 50 mg., Butaphyllamine® 0.12 Gm., and phenobarbital 15 mg.
Also available in half-strength.

CINCINNATI MERRELL 1828 U. S. A.

1–*Hansel, F. K.: Ann. Allergy, 5:397, 1947.*



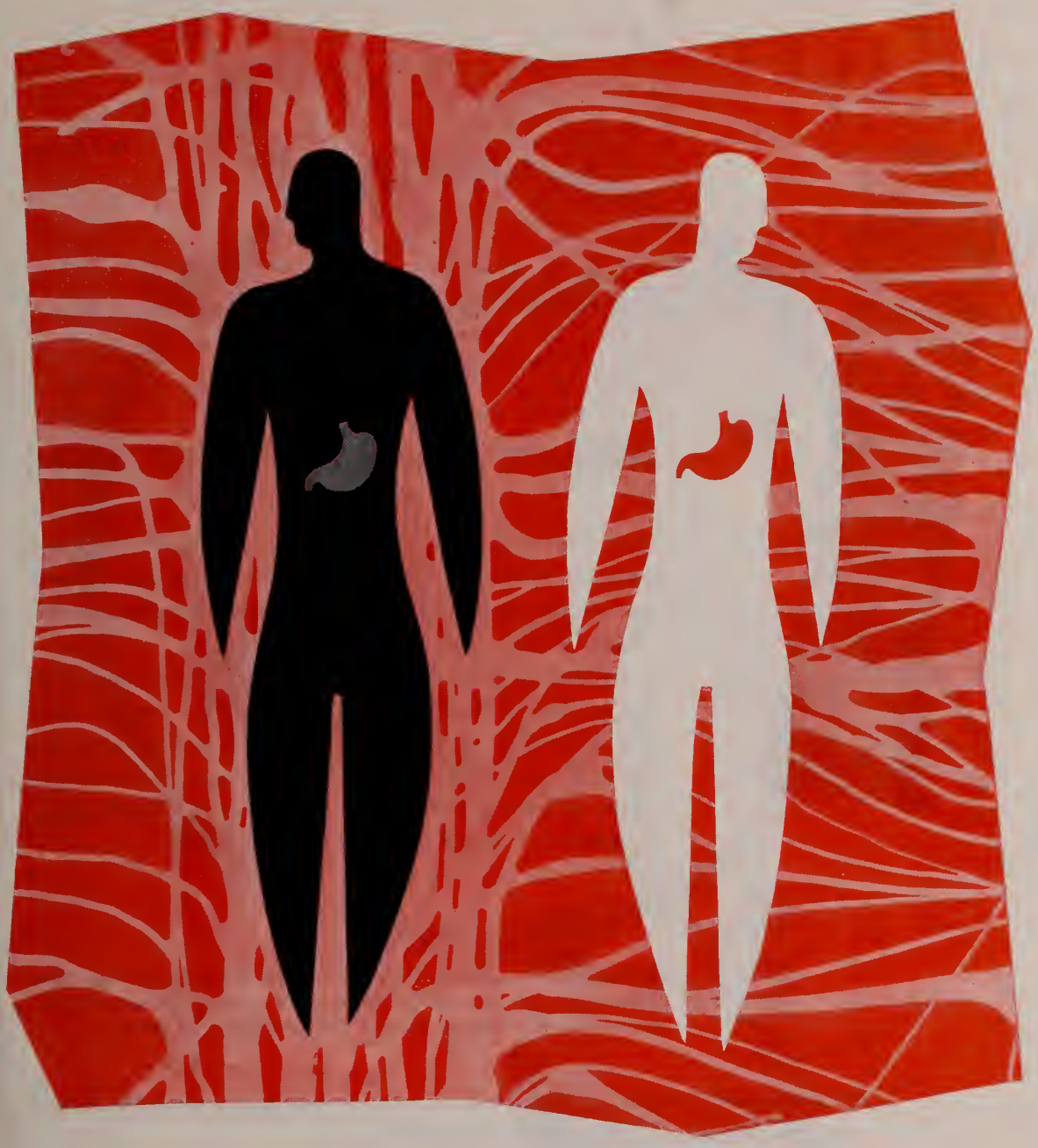
A new sedative-hypnotic
... not a barbiturate

Presidon, a new quick-acting, mild sedative-hypnotic for insomnia and nervous tension, is a pyridine derivative chemically different from the barbiturates, bromides and ureides. Therapeutically it differs in the low incidence of usual by-effects. Clinical trials show that needed relaxation or sleep is obtained without likelihood of drowsiness on awakening, "hangover," excitation or headache. Available in scored 0.2 Gm tablets, bottles of 20 and 100.

HOFFMANN-LA ROCHE INC. • NUTLEY 10 • N. J.

Presidon®

'Roche'



The psychosomatic price

The tensions of modern living demand a price that is frequently gastrointestinal injury, occasionally peptic ulcer. The prevention and cure of peptic ulcer embrace the application of hygienic, psychiatric, dietary, and therapeutic techniques to this problem.

Logically, therapy should include the administration of materials which will tend to reduce the acidity of the gastric content without producing alkalosis or other undesirable effects. Coincidentally, a demulcent effect should be sought to coat the ulcerated surfaces and protect them from erosion. *Lederle* research has found that a casein, low in sodium, high in calcium, in appropriate form, when given by mouth will accomplish these ends and provide the patient with prompt symptomatic relief.

LEDERLE LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY
30 ROCKEFELLER PLAZA • NEW YORK 20, N. Y.

"Premarin"®
VAGINAL CREAM



CONJUGATED ESTROGENIC SUBSTANCES (equine)
for local application

"Premarin" Vaginal Cream is the newest addition to the Ayerst group of "Premarin" Creams. The non-liquefying base in which the estrogen content is incorporated ensures maintenance of consistency at normal body temperature.

The local application of "Premarin" Vaginal Cream may be found of value alone or in combination with supportive therapeutic measures in the treatment of senile vulvovaginitis, pruritus vulvae and kraurosis vulvae, particularly when the production of specific local effects is the aim of therapy; or as an adjunct to estrogenic therapy by other routes when a pronounced effect is desired.

AVAILABILITY: **Combination Package—No. 874, 0.625 mg. per Gm. Tube containing 1½ ounces together with specially designed dosage applicator. Refill—No. 874, 0.625 mg. per Gm. Tube containing 1½ ounces.**

ALSO AVAILABLE "PREMARIN" CREAM, in a non-greasy base, for use where the absence of oiliness following application is a desirable factor.

AVAILABILITY: **No. 871, 1.25 mg. per Gm. Jars containing 1 and 2 ounces.**
No. 870, 0.625 mg. per Gm. Jars containing 1 and 2 ounces.

"PREMARIN" CREAMS are standardized in terms of the weight of active water-soluble estrogen content. The potency is declared in milligrams of conjugated estrogens (equine) expressed as sodium estrone sulfate.

AYERST, McKENNA & HARRISON LIMITED
22 East 40th Street, New York 16, N. Y.

Ayerst®

4918

Controlled action in digestive distress

When pain, heartburn, belching, nausea, or unstable colon are due to gastrointestinal spasm, Mesopin provides an effective means for prompt relief. Its selective antispasmodic action on the digestive tract controls spasticity with virtual freedom from the undesirable side effects of atropine or belladonna. Thus, symptomatic relief of many spastic disturbances of the stomach or intestines can be achieved with discrimination and greater safety.

Mesopin*

selective gastrointestinal antispasmodic

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Supplied: Mesopin (2.5 mg. per tablet) is available on prescription in bottles of 100 tablets. Samples sent on request.

*brand of homatropine methyl bromide



Endo Products Inc., Richmond Hill 18, N.Y.



since **1.** Optimal body function is dependent on vitamin adequacy;

since **2.** Unicap* Vitamins assure economic availability and intake constancy;

therefore **3.** Vitamin deficiencies are inexcusable today.

Only 2.8¢ a day can help assure vitamin adequacy with

a UNICAP a day

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

*Trademark, Reg. U.S. Pat. Off.



"A&D" nipple care

..... prevents fissures

"Our observations clearly indicate that the use of [White's] vitamin A and D ointment in the local care of the puerperal nipple gave protective and therapeutic results much better than those obtained by other methods."*

White's Vitamin A and D Ointment keeps the integument soft and free from excessive or abnormal dryness, eliminates the use of alcohol or other astringent medication, hastens healthy granulation and epithelization in fissure therapy. Provides the natural vitamins A and D in a pleasantly fragrant lanolin-petrolatum base.

*Brougher, J. C.: Prevention and Treatment of Postpartum Fissured Nipples with Local Applications of Vitamin A and D Ointment. Western J. Surg., Obstet. and Gynecol. 52:520-521 (Dec.) 1944.

White's VITAMIN A&D OINTMENT for nipple care

1 5 OZ. TUBES;
8 OZ AND 16 OZ. JARS;
5 LB CONTAINERS.

WHITE LABORATORIES, INC., *Pharmaceutical Manufacturers*, NEWARK 7, N. J.

How mild can a cigarette be?

DOCTORS REPORT

In a recent test of hundreds of people who smoked only Camels for 30 days, noted throat specialists, making weekly examinations, reported

"NOT ONE SINGLE CASE OF THROAT IRRITATION DUE TO SMOKING CAMELS!"

SMOKERS REPORT

"I MADE MY OWN PERSONAL 30-DAY TEST! NOW I KNOW—CAMELS ARE THE MILDEST, BEST-TASTING CIGARETTE I EVER SMOKED!"

Sylvia MacNeill

SECRETARY



R. J. Reynolds Tobacco Company, Winston-Salem, N. C.

According to a Nationwide survey:

More Doctors smoke Camels

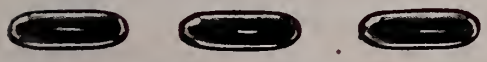
than any other cigarette

Doctors smoke for pleasure, too! And when three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel



thoroughly antiarthritic

In chronic (rheumatoid) arthritis, a systemic disease entity, it is logical that corrective therapy be thorough. Treatment of arthritis with VIDEROL . . . accompanying general measures such as rest, physical therapy, exercise and the like—offers a multiple and thoroughgoing therapeutic approach.



VIDEROL supplies high vitamin D therapy, valuable in arthritis for alleviation of pain, reduction of swelling and increase of joint mobility. In addition, since tocopherol (vitamin E) has been successfully used in treating patients with fibrositis, frequently the cause of much of the pain and dysfunction associated with rheumatoid arthritis, VIDEROL makes rational use of mixed tocopherols.



VIDEROL®

Finally, VIDEROL provides whole bile (in the form of Desicol®) to permit optimal absorption and assimilation of vitamins D and E, and to help counteract the liver dysfunction very frequently encountered in arthritic patients.

VIDEROL – Bottles of 100 and 500 capsules

Each capsule contains:
Vitamin D (as viosterol) . 50,000 units
Mixed Tocopherols 50 mg.
Desicol 150 mg.

PARKE, DAVIS & COMPANY
DETROIT 32, MICHIGAN

MEDICAMENTA VERA
P & CO. D

FROM SECRETARY OF DEFENSE LOUIS JOHNSON—

AN URGENT APPEAL TO YOUNG DOCTORS!



Your personal help is needed to avert a serious threat to our national security!

By the end of July of this year we will have lost almost one-third of the physicians and dentists now serving with our Armed Forces. Without an increased inflow of such personnel, the shortage will assume even more dangerous proportions by December of this year.

These losses are due to normal expiration of terms of service. The professional men who are leaving the Armed Forces during this critical period are doing so because they have fulfilled their duty-obligations and have earned the right to return to civilian practice.

Without sufficient replacements for these losses, we cannot continue to provide adequate medical and dental care for the almost 1,700,000 service men and women who are the backbone of our nation's defense.

Normal procurement channels will not provide sufficient replacements!

To alleviate this critical, impending shortage of professional manpower in the three services, I am urging all physicians and dentists who were trained under wartime A. S. T. P. and V-12 programs under government auspices or who were deferred in order to complete their training at personal expense, *and who saw no active service,* to volunteer for a two-year tour of active duty, at once!

We have written personally to more than 10,000 of you in the past weeks urging such action. The response to this appeal has not been encouraging, and our Armed Forces move rapidly toward a professional manpower crisis!

Many responses have been negative, but worse—a great number of doctors have not replied. It is urgent that we hear from you immediately!

We feel certain that you recognize an obligation to your fellow men as well as to your profession in this matter. We are confident that you will fulfill that obligation in the spirit of public service that is a tradition with the physician and dentist.

There is much to be said for a tour of duty with any of the Armed Forces. You will work and train with leading men of your professions. You will have access to abundant clinical material; have the best medical and dental facilities in which to practice. You will expand your whole concept of life through travel and practice in foreign lands. In many ways, a tour of service will be invaluable to you in later professional life!

Volunteer now for active duty. You are urged to contact the Office of Secretary of Defense by collect wire immediately, signifying your acceptance and date of availability. Your services are badly needed. Will you offer them?

Louis Johnson

New aid to hypodermoclysis and local anesthesia

Hydase is a new enzyme preparation that liquefies hyaluronic acid, the intercellular barrier substance . . . and thus greatly facilitates diffusion of injected fluids.

In hypodermoclysis, Hydase facilitates absorption of saline, saline-glucose, sodium lactate solutions, plasma. Patients absorb a much greater quantity of fluid in a given time . . . swelling disappears faster after clysis . . . pain due to distention is prevented.

In general surgery, Hydase makes it possible to induce nerve block anesthesia more rapidly and accurately. It is a successful adjuvant to infiltration anesthesia in ankle sprains, subdeltoid bursitis, myositis, saphenous vein ligation.

Completely nontoxic in therapeutic doses, Hydase is supplied in sterile vials of 150 TRU (turbidity reducing units), of lyophilized hyaluronidase.

Lyophilized
HYDASE
TRADE MARK
Hyaluronidase

Wyeth®

WYETH INCORPORATED, PHILADELPHIA 3, PA.

description

Smooth, refreshing, chocolate-mint-flavored suspension of nontoxic SULFASUXIDINE® succinylsulfathiazole (95% retained in bowel), 10%; *Pectin*, 1%; and *Kaolin*, 10%. Particularly well accepted by infants and children. Toxicity is negligible.

indications

Nonspecific diarrhea, especially the "summer complaint" of infants. Consolidates fluid stools, soothes inflammation, checks enteric bacteria, detoxifies products of enteric putrefaction.

cremosuxidine®

Sulfasuxidine® suspension with pectin and kaolin

dosage

Infants: 2-3 teaspoonfuls, 4 times daily.
Children: 1-2 tablespoonfuls, 4 times daily.
Adults: 2-3 tablespoonfuls, 4 times daily.
Supplied in 16 fl. oz. *Spasaver®* bottles.
Sharp & Dohme, Philadelphia 1, Pa.

SHARP & DOHME

You have one outstanding drug



for the treatment

of depression

In the depressed patient, 'Dexedrine' Sulfate can be depended upon to dispel the characteristic "chronic fatigue"; to induce a feeling of energy and well-being; and to restore optimism, mental alertness and capacity for work.

Dexedrine's anti-depressant effect is notable for its freedom from distracting elation, irritability and inward nervous tension. Its uniquely "smooth" action spares the patient the uncomfortable feeling of "drug stimulation".

Dexedrine Sulfate Tablets & Elixir

The anti-depressant of choice

Smith, Kline & French Laboratories Philadelphia

'Dexedrine' T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.



★ *Epileptic Men of Genius* ★

The famous English poet, Algernon Charles Swinburne, who began to show signs of epilepsy at the age of 25, is a prominent example that despite epilepsy a man may develop to true greatness.

Comparative studies have shown that in many cases better control of grand mal as well as petit mal seizures can be obtained with Mebaral than with corresponding doses of other antiepileptic drugs. Mebaral produces tranquillity with little or no drowsiness. It is particularly desirable not only in epilepsy but also in the management of anxiety states and other neuroses. The fact that Mebaral is tasteless simplifies its administration to children. Average dose for children ½ to 3 grains, adults 3 to 6 grains daily. Tablets ½, 1½ and 3 grains.

MEBARAL®
Brand of Mephobarbital

Winthrop-Stearns INC. · NEW YORK 13, N. Y. WINDSOR, ONT.

Mebaral, trademark reg. U. S. & Canada



clinical potency without penalty

Amnestrogen

SQUIBB CONJUGATED ESTROGENS (WATER-SOLUBLE)*

Natural, physiologic therapy
Virtually free of side-reactions
An agreeable exhilarating effect

Weight for weight, as potent clinically as free estrogens injected

Doubly assayed for uniformity by bioassay and chemical test

Smooth hormonic levels
Controlled therapy with convenient oral dosage

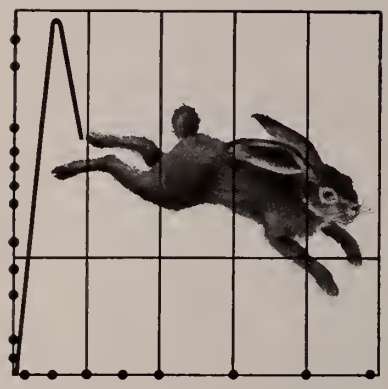
For flexible physiologic therapy

0.3 mg. tablets — *Bottles of 100*
0.625 mg. tablets, 1.25 mg. tablets — *Bottles of 100 and 1,000*
2.5 mg. tablets — *Bottles of 25 and 100*

*natural estrogenic substances (equine origin); potency expressed as sodium estrone sulfate

"AMNESTROGEN" IS A TRADEMARK OF E. R. SQUIBB & SONS

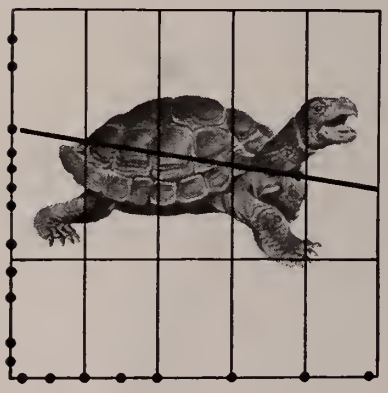
SQUIBB MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



now you can obtain **both**

a RAPID peak concentration of serum penicillin

and



a SUSTAINED therapeutic concentration

with a single injection from a single container

FLO-CILLIN "96"—the *original* 96-hour repository penicillin formulation—is now available with a *plus*. Soluble Penicillin G Potassium—100,000 units per cc.—has been added to the FLO-CILLIN "96" formula. The soluble potassium penicillin is absorbed promptly, with a resulting initial penicillin blood concentration sufficient to overwhelm invading bacteria at the outset. The insoluble Procaine Penicillin G, with water-repellent aluminum stearate in oil, is absorbed slowly and regularly over a period measured in days. Thus, with a single injection from a single container, it is now possible to obtain an initial *peak* penicillin blood level, together with a *therapeutic* blood level which is sustained for 96 hours in approximately 90 per cent of patients.*

CONSTANTLY FLUID

REQUIRES NO PROLONGED SHAKING

WILL NOT SETTLE OUT

Flo-Cillin "96" FORTIFIED

Bristol Laboratories Trademark for
Procaine Penicillin G (300,000 u./cc.) and Potassium Penicillin G (100,000 u./cc.) In Oil with Aluminum Monostearate, 2%

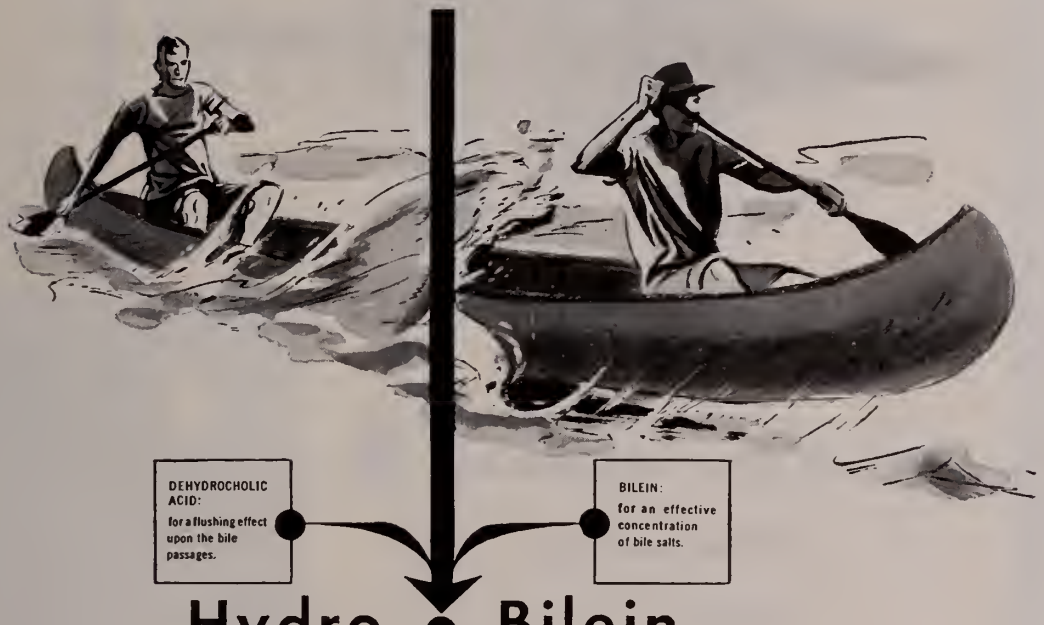
Available in Cartridges, 1 cc.—Vials, 10 cc.

*Thomas, E. W., et al: *J.A.M.A. 137:1517, 1948*

Bristol
LABORATORIES INC.
SYRACUSE, NEW YORK

EFFECTIVE ALONE...

BETTER TOGETHER



Hydro-●-Bilein

Administered together in equal amounts, natural and oxidized bile salts perform their functions in a complementary way. Such a mixture is HYDRO-BILEIN, Abbott's new bile salts tablet which contains 2 grs. dried fresh ox bile and 2 grs. dehydrocholic acid.

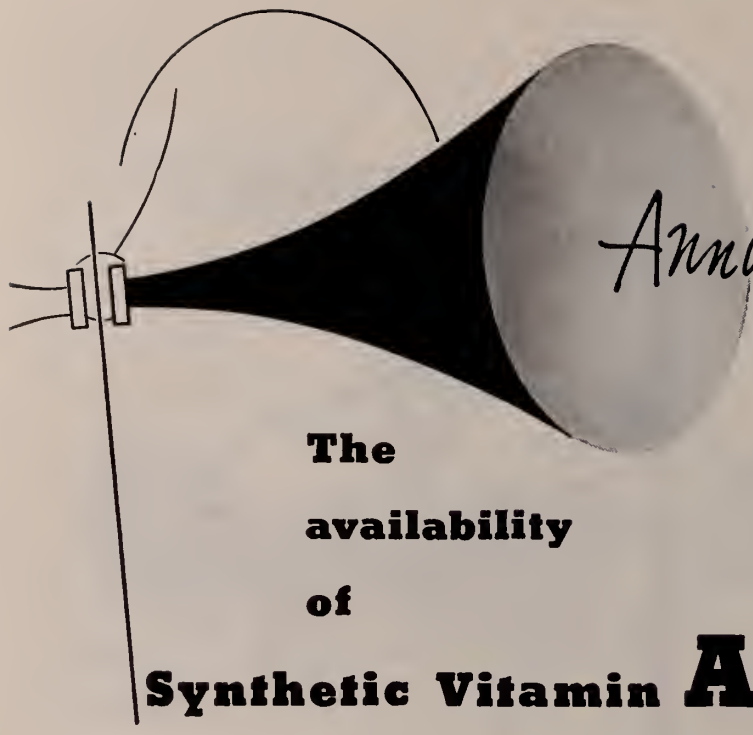
You will find HYDRO-BILEIN Tablets effective in replacement therapy to improve the digestion and absorption of fat and fat-soluble vitamins; in flushing the biliary tract to remove inspissated bile and products of inflammation from the common duct and the hepatic duct; in post-cholecystectomy to assure that bile salts enter the intestinal tract; and in constipation to increase intestinal motility.

The average dose is one tablet two to four times daily, preferably after meals. Dosage may be reduced if it produces an undesired laxative effect. HYDRO-BILEIN Tablets are available through pharmacies everywhere in bottles of 100 and 1000 sugar-coated tablets.

ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS

HYDRO-BILEIN®

(Bilein[x] and Dehydrocholic Acid, Abbott)



Announcing...

The availability of

Synthetic Vitamin A 'WARNER' CAPSULES

Eliminating fishy odor and taste

WILLIAM R. WARNER & CO., INC. takes pride in announcing the synthesis of VITAMIN A and its availability to the medical profession for therapeutic use.

Synthetic Vitamin A 'Warner' is identical structurally, chemically, pharmacologically and physiologically with natural vitamin A.

Synthetic Vitamin A 'Warner' (Synthetic Vitamin A Acetate) has a stability equal to that of highly purified natural Vitamin A. But the most important property of Synthetic Vitamin A Acetate 'Warner' is its freedom from fishy taste or odor so often found in natural vitamin A preparations.

The high stability of ***Synthetic Vitamin A 'Warner'*** assures greater available quantities for absorption and assimilation. Elimination of fishy odor and taste assures excellent tolerance by patients who are spared fishy aftertaste and fishy eructations.

Synthetic Vitamin A 'Warner' is indicated in all conditions where vitamin A therapy is required.

Synthetic Vitamin A 'Warner' (Synthetic Vitamin A Acetate), is available in packages of 24 sanitaped capsules, 25,000 units each.

WILLIAM R. WARNER & CO., INC.
NEW YORK ST. LOUIS

several convenient routes of administration

PROGYNON

(Estradiol U.S.P. XIII)



rapidly effective and well tolerated



Whether injected intramuscularly or implanted subcutaneously, whether swallowed as a tablet or absorbed through the buccal mucosa from POLYHYDROL,† PROGYNON* preparations of estradiol relieve symptoms of estrogen deficiency rapidly and effectively. These convenient forms of PROGYNON may be administered with confidence that they will be well tolerated and will not induce side effects.

PROGYNON-B* (Estradiol Benzoate U.S.P. XIII in oil) for intramuscular injection.

PROGYNON-DP* (Estradiol Dipropionate in oil) for intramuscular injection.

MICROPELLETS PROGYNON† (crystalline Estradiol U.S.P. XIII in aqueous suspension) for intramuscular injection.

PROGYNON PELLETS (crystalline Estradiol U.S.P. XIII) for subcutaneous implantation.

PROGYNON-DH* OINTMENT (crystalline Estradiol U.S.P. XIII) for inunction.

PROGYNON-DH* TABLETS (crystalline Estradiol U.S.P. XIII) for oral administration.

PROGYNON BUCCAL TABLETS (crystalline Estradiol U.S.P. XIII in POLYHYDROL) for exceptionally effective buccal absorption.

*®

†MICROPELLETS PROGYNON and POLYHYDROL trade-marks of Schering Corporation

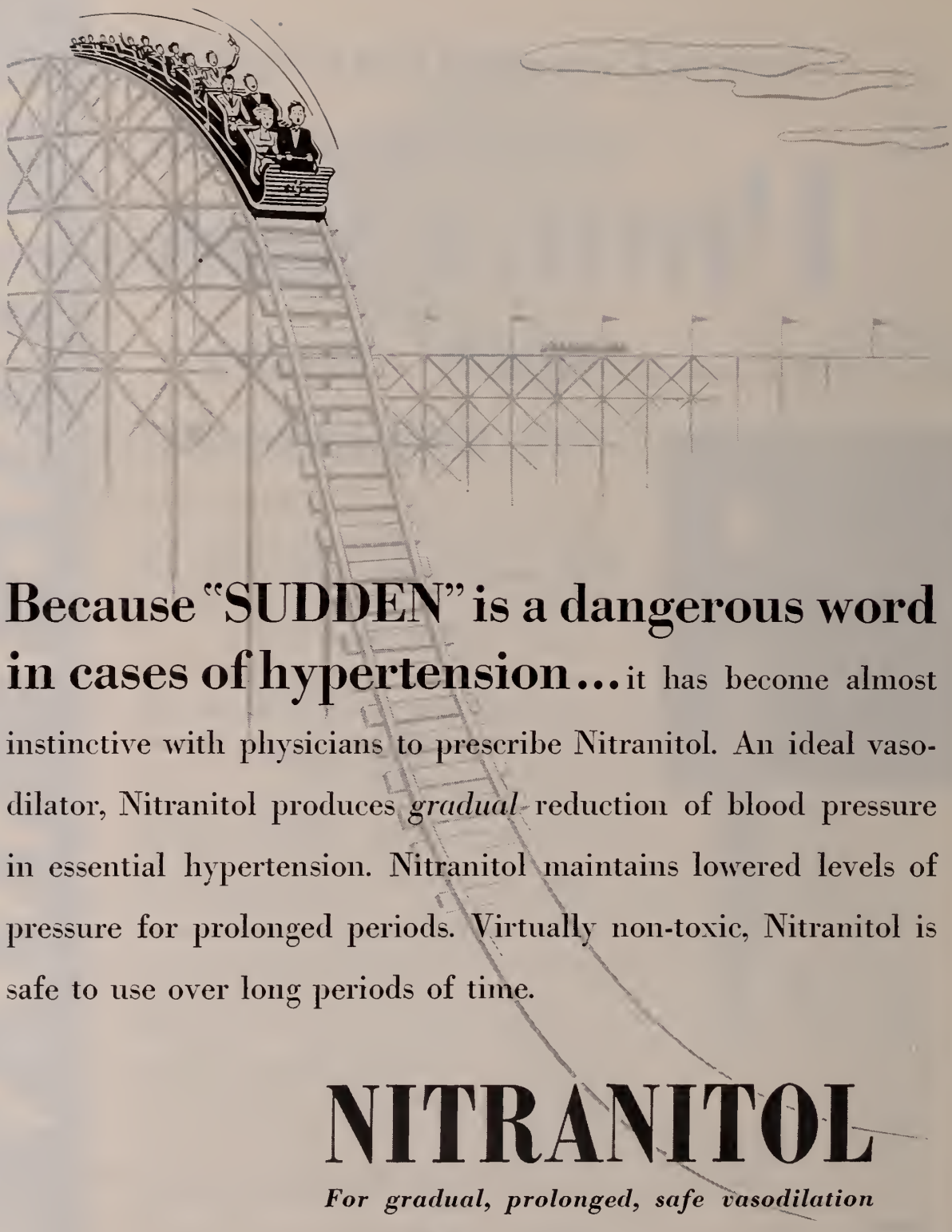
Schering

CORPORATION • BLOOMFIELD, NEW JERSEY

IN CANADA, SCHERING CORPORATION LTD., MONTREAL

PROGYNON

SCHERING



Because "SUDDEN" is a dangerous word in cases of hypertension... it has become almost instinctive with physicians to prescribe Nitranitol. An ideal vasodilator, Nitranitol produces *gradual* reduction of blood pressure in essential hypertension. Nitranitol maintains lowered levels of pressure for prolonged periods. Virtually non-toxic, Nitranitol is safe to use over long periods of time.

NITRANITOL

For gradual, prolonged, safe vasodilation

Merrell
1828
CINCINNATI • U.S.A.

When sedation is desired. *Nitranitol with Phenobarbital.* (¼ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)

For extra protection against hazards of capillary fragility. *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)

In the Treatment of

URINARY TRACT INFECTIONS



Experience shows the value of this highly purified form of Streptomycin

STREPTOMYCIN Calcium Chloride Complex Merck is a potent antibacterial agent which is effective in the treatment of urinary tract infections due to a large group of susceptible organisms.

It is rapidly absorbed into the blood stream, and 60 to 80 per cent is excreted by the kidneys in twenty-four hours. High concentrations can be obtained in the urine, far above those to which the organisms common in urinary tract infections usually are susceptible *in vitro*. The uniformly high potency of Streptomycin Calcium Chloride Complex Merck, and its high degree of purity, give this form of streptomycin definite advantages in urinary tract infection therapy.

It is supplied in sterile, rubber-stoppered, aluminum-capped 20 cc. vials containing the equivalent of 1 Gm. of Streptomycin Base and 50 cc. vials containing the equivalent of 5 Gm. of Streptomycin Base.

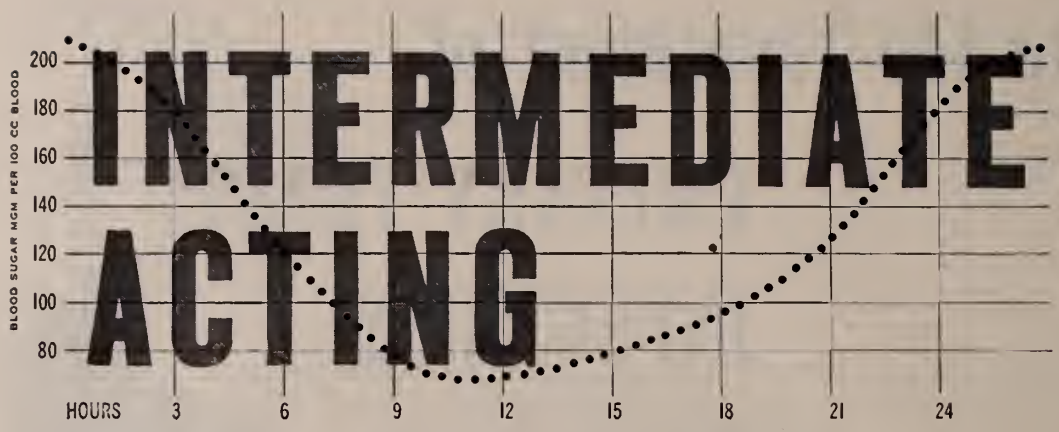
STREPTOMYCIN
CALCIUM CHLORIDE COMPLEX
MERCK

COUNCIL ACCEPTED

MERCK

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

In Canada: Merck & Co., Ltd. Montreal, Que.



INTERMEDIATE ACTING

GLOBIN INSULIN

'B.W.& CO.'

...was developed to fill the "need for an insulin with activity intermediate between that of regular insulin and that of protamine zinc insulin."[1]

IN 1939, Reiner, Searle and Lang described a new "intermediate acting" insulin.

IN 1943, after successful clinical testing, the new substance was released to the profession as 'Wellcome' brand Globin Insulin with Zinc 'B.W. & Co.'

TODAY, according to Rohr and Colwell, "Fully 80% of all severe diabetics can be balanced satisfactorily"[2] with Globin Insulin 'B.W. & Co.'—or with a 2:1 mixture of regular insulin: protamine zinc insulin. *Ready-to-use* Globin Insulin 'B.W. & Co.' provides the desired intermediate action without preliminary mixing in vial or syringe.

In 10 cc. vials, U-40 and U-80.

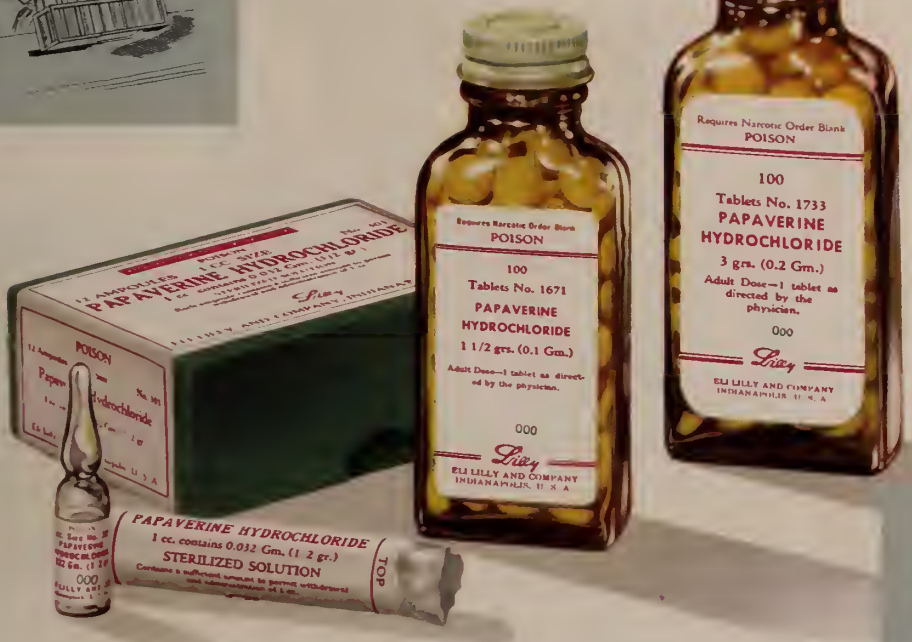


'B.W.& CO.'—*a mark to remember*

1. Rohr, J.H., and Colwell, A.R.: Arch. Int. Med. 82:54, 1948.
2. ibid Proc. Am. Diabetes Assn. 8:37, 1948.

BURROUGHS WELLCOME & CO. (U.S.A.) INC. Tuckahoe 7, New York







Quiets Smooth-Muscle Spasm

The chief effect of papaverine is relaxation of all smooth muscle without interference with normal contractions. Many conditions associated with smooth-muscle spasm have been benefited by papaverine therapy. Prescribe Papaverine Hydrochloride, Lilly, for relief of vascular spasm associated with coronary occlusion, angina pectoris, and peripheral and pulmonary embolism; for bronchial spasm and accompanying allergic conditions, such as asthma; and for visceral spasm, as in ureteral, biliary, and gastro-intestinal colic. Tablets and ampoules are available on prescription at all retail and hospital pharmacies.



Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.





HEARTS THAT NEED YOUR HELP AND OURS





The incidence of heart disease continues to increase as the average span of life is lengthened. The problem is being attacked on several fronts. Delicate instruments of diagnosis, better preventive measures, and improved surgical techniques have been devised. Knowledge of the physiology of the heart and vascular system is increasing. Useful new drugs have been introduced, and more are being developed.

Specialists in this field at the Lilly Research Laboratories are placing major stress upon the medical approach to this problem. With crystalline digitoxin and newer diuretic drugs, many victims of advanced heart failure, who formerly would have been considered beyond treatment, are now relieved of symptoms. Papaverine hydrochloride makes possible the symptomatic relief of coronary occlusion, angina pectoris, and certain types of vasospastic disease. Even though the fundamental disease condition remains, life may be prolonged and made more useful and pleasant.

Lilly

LILLY SPECIALISTS SERVE THE MEDICAL PROFESSION

The ILLINOIS Medical Journal

Official Journal of the Illinois State Medical Society

Harold M. Camp, EDITOR. Theodore R. Van Dellen, ASSOCIATE EDITOR.

EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry Culver, Walter Stevenson, Raymond W. McNealy, Arkell M. Vaughn.

Vol. 96, No. 1 July, 1949

THE 1949 ANNUAL MEETING

The 1949 Annual Meeting of the Illinois State Medical Society held at the Palmer House, Chicago, May 16-17-18, was one of the truly outstanding meetings in the Society's history. The scientific programs held in general assembly were well planned and well attended.

The large exhibition hall was completely filled with technical exhibits and the large force of attendants were busy throughout the session. The scientific exhibits completely filled the Red Lacquer Room, the Foyer and several were displayed in the large halls on the 4th floor of the Palmer House. Elsewhere in this issue of the Journal a list of the scientific exhibits in the two general classes, which received the awards, are mentioned in detail.

There were, as usual, two meetings of the House of Delegates, the first on Monday afternoon and the second was held on Wednesday morning. The President, Percy E. Hopkins, presided over the deliberations of the House in a most orderly manner. Many reports were received and resolutions introduced, all of which were referred to the proper reference committee for hearing and study, and were acted on by the House at the second session.

At the close of the business portion of this second meeting, Walter Stevenson was inducted into the office of President by the retiring president, Percy E. Hopkins. Dr. Stevenson assured those present that he proposes to function to the best of his ability at all times during the coming year and earnestly asked for the cooperation and assistance of the membership as a whole during his term of office.

A careful check of the registration cards showed the total registration for the meeting, 3607—of which 2,506 were members, 443, exhibitors, and there were 658 registered as guests—of which group, 222 were medical students and interns, many registered nurses, hospital administrators, dentists and technicians.

There was evidence manifested in the House of Delegates for an Annual Meeting in 1950 to be held outside of Cook County and the Council was instructed to make every effort to arrange, if possible, to have it in the "Down State" area. The final decision as to time and place for the meeting next year was left to the judgment of the Council.

It seemed to be the general opinion of the vast majority of those present that the 1949 Annual Meeting was one of the best the Illinois State Medical Society has ever held.

AWARDS TO SCIENTIFIC EXHIBITORS AT ANNUAL MEETING

The Scientific exhibits at the 1949 Annual Meeting held at the Palmer House, May 16-18, were more numerous than for previous meetings,

and were generally considered as the best exhibits of the type ever displayed at the Annual Meeting. It was a most difficult task for the secret committee on awards to determine which exhibits were entitled to the special awards given each year in the two general classes.

The first group gave special consideration to original work and the second to the educational value of the exhibits. After a critical and most careful study of all these fine exhibits, the committee made their selections as follows:

ORIGINAL WORK

1. "Cerebral Antigiography", Booth 15 — Oscar Sugar, Department of Neurology and Neurosurgery, University of Illinois College of Medicine. GOLD MEDAL
2. "Bone Marrow", Booth 28 — Carroll L. Birch, Louis R. Limarzi, Department of Medicine, University of Illinois College of Medicine. SILVER MEDAL
3. "Radioactive Iodine—Its Use in Diagnosis and Therapy", Booth 12 — D. E. Clark, R. H. Moe, E. E. Adams, Department of Surgery, University of Chicago School of Medicine. BRONZE MEDAL
4. "The Use of the Radiograph in Angiography and Aortography as an Aid in the Diagnosis of Congenital Heart Disease", Booth 31 — Wendell G. Scott, Sherwood Moore, Department of Radiology, Washington University School of Medicine, St. Louis, Missouri. BRONZE MEDAL
5. "Congenital Heart in Clinical Medicine", Booth 25 — Benjamin M. Gazul, Egbert H. Fell, Hans Popper, Maurice Lev, William Mavrelis, James A. Campbell, Carl B. Davis, Jr., Raul Casus and Hans Hartenstein, Hektoen Institute and University of Illinois College of Medicine. BRONZE MEDAL

EDUCATIONAL VALUE

1. Booth 29 — "Forceps" — Frederick H. Falls, Charlotte S. Holt, University of Illinois College of Medicine and the State Department of Public Health. GOLD MEDAL
2. Booth 21 — "The Dermatological Album" — David V. Omens, Harold D. Omens, Rush Medical College, Division of the University of Illinois. SILVER MEDAL
3. Booth 34 — "Rehabilitation Program for the Hare Lip and Cleft Plate Children" — Wayne B. Slaughter. Institution: Wisconsin General Hospital, Madison; Stritch School of Medicine of Loyola University; Loyola University School of Dentistry. BRONZE MEDAL
4. Booth 1 — "The Physician's Creed — Religio Medici"—Samuel J. Zakon. Northwestern University Medical School. BRONZE MEDAL
5. Booth 17 — "Fresh Tissue Exhibit" — Illinois Society of Pathologists. BRONZE MEDAL

The Scientific Exhibit in recent years has been an outstanding feature of the Annual Meeting, and much credit is due to the Director of Scientific Exhibits, Coye C. Mason and his Committee for selecting the fine display which filled all available space in the Palmer House for the meeting.

YOUR NEW OFFICERS

At the meeting of the House of Delegates of the Illinois State Medical Society held Wednesday, May 18, new officers and councilors were elected to serve the members of the Society for the coming year. They are listed on the opposite page.

This is your official family. These men will work during the coming year to keep the Illinois State Medical Society affairs in order, to keep Illinois a powerful and growing Society, and to guide and assist in the present fight against compulsory sickness insurance.

Write to these men! Invite them to your society meetings. Secure from them statements of policy which should be followed at the county level. They will give of their time and their knowledge and wherever possible. This is a part of the responsibility they assume when they become a member of the Council of the ILLINOIS STATE MEDICAL SOCIETY.

A RESOLUTION BY THE HOUSE OF DELEGATES OF THE ILLINOIS STATE MEDICAL SOCIETY

WHEREAS, The Congress of the United States has now before it for consideration a bill known as S. 1679 or H. R. 4612 or H. R. 4613, which would establish a so-called national health program including a compulsory payroll tax scheme of sickness insurance, and

WHEREAS, this program embodies the distorted interpretations of the national health problem outlined in the Ewing Report and has the support of the present administration, certain small medical splinter groups and the leftwing elements in our population, and

WHEREAS, such a program would establish political control of medicine and place the politician in a position of dictator between the doctor and his patient and give him regulatory and financial power over the practice of medicine, and

WHEREAS, such a program would double or

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS 1949-1950

President: Walter Stevenson, 510 Maine Street, Quincy
President Elect: Harry M. Hedge, 30 N. Michigan Ave., Chicago
1st Vice-President: M. M. Hoeltgen, 1607 West 51st Street, Chicago
2nd Vice President: H. A. Felts, Marion
Secretary-Treasurer: Harold M. Camp, Monmouth

THE COUNCIL

		Term Expires
1st District: —	L. J. Hughes, 165 E. Highland Ave., Elgin	1950
2nd District: —	Joseph T. O'Neill, 628 Columbus St., Ottawa	1950
3rd District: —	Oscar Hawkinson, 1011 Lake Street, Oak Park	1951
	F. Lee Stone, 30 N. Michigan Ave., Chicago	1950
	Arkell M. Vaughn, 30 N. Michigan Ave., Chicago	1951
	Wade C. Harker, 4458 W. Madison Street, Chicago	1950
	H. Prather Saunders, 40 E. Erie Street, Chicago	1952
	Walter C. Bornemeier, 7850 Caldwell Road, Chicago	1952
4th District: —	Charles P. Blair, Monmouth	1952
5th District: —	Ralph P. Peairs, Normal	1952
6th District: —	F. Garm Norbury, Norbury Sanatorium, Jacksonville	1951
7th District: —	Charles H. Hulick, Shelbyville	1952
8th District: —	Harlan English, 139 N. Vermilion St., Danville	1952
9th District: —	Charles O. Lane, West Frankfort	1951
10th District: —	G. C. Otrich, 7 North High Street, Belleville	1951
11th District: —	Edwin S. Hamilton, 258 East Court St., Kankakee	1950
COUNCILORS-AT-LARGE —	Robert S. Berghoff, 30 N. Michigan Ave., Chicago	1950
	Irving H. Neece, 250 N. Water Street, Decatur	1951
	Percy E. Hopkins, 800 West 78th Street, Chicago	1950
CHAIRMAN OF THE COUNCIL —	Oscar Hawkinson, Oak Park	

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth — Editor
Theodore R. Van Dellen, Chicago — Associate Editor
Mr. L. E. Malley, Chicago — Managing Editor & Bus. Mgr.
Harry M. Hedge, Chicago — Chairman, Journal Committee
Harry J. Stewart, Oak Park — Secretary, Journal Committee
Business Office — 30 North Michigan Ave., Chicago 2
Editorial Office — Monmouth, Illinois

GENERAL COUNSEL

Mr. John W. Neal — 33 South Clark St., Chicago 3, Ill.

MEDICAL SERVICE & PUBLIC RELATIONS

Percy E. Hopkins, Chairman — 800 W. 78th St., Chicago
Mr. John W. Neal, Exec. Sec., 30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun., 185 N. Wabash, Chicago

PERMANENT HISTORIAN

David J. Davis — 721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman — 1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman — Alton
J. J. Moore, Secretary — 55 E. Washington St., Chicago
E. H. Weld — Rockford
Ex-officio:
David J. Davis, Perm. Historian — 721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman — Monmouth
Ford K. Hick — 25 E. Washington St., Chicago
Ann Fox, Secretary — 30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman — 30 N. Michigan Ave., Chicago
Louis Limarzi, Vice-Chm. — 30 N. Michigan Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman — 30 N. Michigan Ave., Chicago
George A. Hellmuth, Vice Chairman — 1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsiblity for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

triple the present cost of medical care to our nation, results in confiscation of hospitals, impressment into government service of physicians, dentists, nurses and other professions involved in health care, despite present denials of such intent, and

WHEREAS, such a program would break down the quality of medical care furnished to the American public (now and for many years the finest in the world, and constantly being improved) and it would drive out of the practice of medicine many experienced physicians and it would discourage the finest of our young men and women from entering into such practice and it would make it impossible to give the careful personal attention necessary to good medicine, and

WHEREAS, similar programs instituted in various foreign countries have resulted in many cases in deterioration of medical care, and have brought the nations to national bankruptcy, and have contributed to the growth of State Socialism in such countries;

NOW THEREFORE BE IT RESOLVED:

1. That the House of Delegates of the Illinois State Medical Society, representing 10,000 practicing physicians of Illinois, does express its abhorrence and utter condemnation of the proposal to establish national compulsory sickness insurance, and

2. That this House of Delegates does hereby request of the Congress of the United States that the Congress reject and vote down S. 1679, H. R. 4612 and H. R. 4613 and any other bill making similar proposals for compulsory sickness insurance, and

3. That copies of this resolution, properly attested by the officers of the Illinois State Medical Society, be forwarded to the President of the United States, to the Vice-President of the United States as President of the Senate, to the Speaker of the House of Representatives and to the Senators and Representatives from Illinois now sitting in the Congress.

Percy E. Hopkins, M.D.
President.

Harold M. Camp, M.D.,
Secretary.

Adopted by the House of Delegates of THE ILLINOIS STATE MEDICAL SOCIETY at its 109 Annual Meeting in Chicago, May 18, 1949.

STATISTICS CAN MAKE SENSE

Claims based upon statistics are being tossed like mud these days in Washington. The number of people who are sick, disabled or who could be saved under a different system of medicine is overwhelming, if true. Government spending has taught our appointed law makers to think in astronomical figures and it is not surprising to find them quoting medical statistics in terms of hundreds of thousands and millions. It comes in handy when trying to impress those who are less informed.

Statistics can be obtained to prove almost anything. The proponents of socialized medicine are doing a good job at this but those who are entrusted with care of the sick have reasons to be skeptical. Sometimes we wonder where are the millions of disabled and ill who cannot avail themselves of the services of the physician. If it is a question of cost, why not be honest and compare the rise in medical cost with the general increase in the cost of living. It is lower. Has anyone investigated whether or not we are spending more money to keep automobiles in repair than ourselves? The same might be said of liquor, cosmetics, etc.

It is true that many Americans want something for nothing. The politicians know this too. But the majority of people recognize that value and results mean more, especially when health and life are at stake. In this respect the physician has kept faith with his fellow man. The following statistics from the Bureau of Medical Research of the American Medical Association make more sense and they demonstate our health progress since 1900 in terms that every one can understand.

1. A dozen funerals in 1900—4 persons had lived at least 50 years.
 A dozen funerals in 1949—9 persons had lived at least 50 years.
2. The older half of the people dying in 1900 had lived 30 years or more.
 The older half of the people dying in 1949 had lived 66 years or more.
3. One thousand babies born in 1900 were destined to live 49,000 years.
 One thousand babies born in 1949 were destined to live 68,000 years.
4. Since 1900 the entire population of the United States has *doubled*. (75 to 150 million)
 Since 1900 the population age 65 and over

has *quadrupled*. (3 to 12 million)

5. The LOWEST state maternal mortality rate in 1933 was 4.3.
 The HIGHEST state maternal mortality rate in 1947 was 2.6.

THE "GRASS ROOTS" CONFERENCE

H. Kenneth Scatliff, M.D.

The Fifth National Conference of County Medical Society Officers, frequently termed the Grass Roots Conference, was held Sunday, June 5, 1949, the day before the opening of the annual American Medical Association session at Atlantic City. The Chairman was Dr. A. M. Mitchell of Terre Haute, Indiana although the program was obviously sparked from 535 N. Dearborn Street.

To properly cover the three panel subjects into which the meeting was divided, together with addresses by Mr. Clem Whitaker and Senator John L. McClellan of Arkansas, both morning and evening sessions were held.

The three panels comprising the Conference were titled respectively:

(A) Is your Society prepared to care for emergency calls?

(B) Does your Society have an indigent medical care plan?

(C) Is your Society ready for the National Education Campaign?

The meeting opened promptly at 9:30 A.M. with a full house. The first subject — on handling of emergency calls by the Society — brought out several useful points in the course of three talks, breaking the subject into "An Effective Emergency Call Plan", on "Plans for a Small County Society", and "The Twenty-four Hour Telephone Answering Service".

The problem of emergency calls is one frequently discussed in medical journals and just as frequently is brought out with adverse comment in the lay press. All the speakers on this panel recognized the opportunity for good public relations in meeting this obligation. Indeed one speaker, Mr. J. Richard Connelly, Assistant Secretary of the Medical Society of the District of Columbia, said that the public relations question would solve itself with an understanding and cooperative medical profession. Some M.D. has to make the emergency call, the burdensome night call; and every physician should do his part.

As the discussion proceeded it became obvious that no one plan would fit all communities. Each County Society can best smooth out its own peculiarities. To aid in this, a booklet was available at this session prepared by the Council on Medical Service on "Planning for Emergency Medical Calls." From a survey of this analysis, after learning of some of the problems from the speakers, it is believed that any interested local Society can receive much help in handling the problem.

Panel No. Two on Indigent Medical Care Plans, presented their subject by discussions on three specific operating plans. One in Baltimore, Maryland, The Washington State Plan and A County Society Plan as operated in Wichita, Kansas. It was evident that most communities have made some provision for the care of their indigent. It was equally evident that not enough communities have done so at the instance of the profession. Not only is the indigent to be considered, but likewise that marginal individual, the medical indigent. Only thus can we meet the charge that good medical care is not available to all who need it. How to do it without pauperizing the poor in spirit is a problem we must continue to work on.

The third panel besides considering various phases of activity of the County Society in handling and organizing the National Educational Campaign, was enlivened by the personal appearance of Clem Whitaker, Leone Baxter and an English friend, Dr. Ralph J. Gampell of Manchester. Dr. Gampell, having only arrived two months ago presented a brilliant example of medical frustration in the young practitioner. He had finished his internship nine years ago. For five of those years he was in the Royal Air Force. He is one of those young men of whom Winston Churchill said, "Never have so many owed so much to so few." But the real Battle of England for this young man was the battle for medical survival — and he lost. Like most young M.D.'s he had committed himself to the purchase of a practice. He owed $12,000.00 on this obligation and saw no way of getting it back after the National Health Act made the sale of practices illegal. He tried practicing under this scheme. His public patients rose to 3,000 in number. He used to see twenty patients an hour and make thirty-six house calls a day. He

found that this was not medicine as he had been taught, but it seemed implicit in their scheme of public health care. He became an expert form-filler and that was the reason he got out. Medicine in Britain fell to the socializers, in his opinion for three reasons. (1) Medicine had no public relations at all—virtually no newspaper or radio friends in the country; (2) the doctors were not taken into the confidence of the British Medical Association. The inner councils were supreme; and (3) when the British Medical Association did attempt some sort of defense they had nothing to offer—no alternative plan.

The evening session was equally interesting. In fact we can say it provided a very favorable climax. Clem Whitaker, Director of the American Medical Association's National Educational Campaign, gave an interesting close up of the battle to date. Among other things, he said:

"There are certain men in Washington, judging from their statements, who won't approve of this meeting tonight—and I think it is a very happy circumstance that we have a member of the United States Senate present. not only as a participant, but as a witness!

The false accusations made against the medical profession and the American Medical Association campaign, were contrived for one purpose. They were intended to discredit medicine and to silence opposition to the socialization scheme now pending.

They were intended to stifle public discussion of this vital health issue!

A great many doctors must wonder, as they read the scurrilous attacks on their profession, just what type of tyranny would be in store for physicians and their patients if these ill-tempered advocates of socialization ever got control of American medicine.

The people of America may well question what is involved in this program of Government-controlled medicine when its sponsors try so desperately to besmirch the good name of a great profession and to prevent both sides of the issue from being heard.

But the American people are going to hear the facts, no matter what obstacles are put in the way!

American medicine is going to give them the facts!

There are many men in The Congress, fortunately, who have recognized the trend away from sound, American principles—and who have both the courage and the foresight to stand against those in our Government who would reach out for unwarranted power over the lives of the American people.

It isn't enough to be a good doctor today—if you want to remain a free doctor!

It's just as important that you be a good citizen — an alert, crusading citizen, taking care of the rights and liberties which came to you as part of your American heritage!

This is a showdown battle in the war between Americanism and Statism—a battle to the finish between those who prize personal freedom, and opportunity and incentive above all else, and those who ask us to barter away our liberty for a spurious promise of security under a system of bureaucratic controls and handouts.

We live in a sick world today, in a world that is spiritually sick, politically bereft—and economically near collapse.

This is the wasting illness of millions of people who have been made economic drug addicts by their Governments — who learned dependence on Government because the master planners of the super-State promised them bounty without work and security without effort.

But when the people know what is actually at stake in this fight, they won't wonder that the American Medical Association—and all the State and territorial medical societies, and the many hundreds of county societies—have enlisted in this fight.

This is a tremendously important issue—a dramatic and spectacular issue in many ways—but our national campaign of education will depend for its success on the simple, commonplace tools of democracy.

Let's not ever discount the simple, every-day freedoms we have in America—lest we lose all freedom.

And American medicine can and must lead the way in this vital work of stopping the spread of socialization. We can ask the people of this country to take inventory of what we have here, in our America—and then let them make the decision as to whether they want to relinquish it.

The American people always have had a sound sense of values. Let's go to them and talk to them about fundamentals. We can put a crusade in motion that will sweep this country—and that will not only save freedom of practice in

medicine, but that will go far toward saving all of our essential freedoms.

An immortal American—Abraham Lincoln—gave us the theme for this campaign. Mr. Lincoln said:

'Public sentiment is everything. With public sentiment, nothing can fail; without it, nothing can succeed. He who moulds public sentiment goes deeper than he who enacts statutes or pronounces decisions. He makes statutes or decisions possible or impossible to execute!'

If we live up to that text—if we really mould public sentiment in America—we can't fail."

Perhaps the high point of the Grass Roots Conference was the last speaker, Senator John L. McClellan of Camden, Arkansas.

Senator McClellan spoke in the evening and when one considers that he was not electioneering, but speaking from his own conviction, it is highly significant.

"The title 'health insurance' is an attractive and persuasive 'window dressing,'" he said, "The evil is in the substance of the proposal. Beneath the outer garment is the body of a false doctrine and a hope that is only an illusion."

"Congress cannot legislate 'compulsory' good health for the American people. There are some fields of service, of course, in which the federal government can and should properly participate, but beyond this it cannot very well go without invading the inalienable rights of the individual and regimenting the medical profession."

"A 'compulsory' health program requires not only submission of the person but demands surrender of the individual's will to master authority," Senator McClellan said. "It denies freedom of choice in the exercise of the inherent right of a human being to act independently and of his own free will in the all-important matter and duty of preservation of the health and life of himself and that of his family."

In his opinion the issue is a "test that will determine whether the moral stamina, self-reliance and character of the American people have so deteriorated that they can now be seduced into approving and accepting the socialization of medical science in the vain expectation that it will prove to be a health Eutopia."

Then he added, "When our free enterprise system is destroyed or is so crippled that there is no longer any incentive left for private initiative and private capital investments, there is no alternative except Socialism or Communism. Measures such as the proposed 'compulsory' health insurance and others that create state paternalism are simply carrying us further down the road to Socialism."

Messages such as the Senator so forcibly brought us are most heartening. It is one thing for a doctor to recognize a social challenge involving his own activity; it is entirely different for a high ranking legislator to come to the front, taking a position which might jeopardize his political future.

Conclusion—The meetings and discusions comprising The National Conference of County Medical Society officers was a grass roots affair in real earnest. Participating in the panel discussions were doctors from all sections of the country. From populous centers and from the more sparsely settled areas, came those with the problems bearing on the central theme which was "How can our Society aid in distributing good medical care for all Americans within the framework of free American enterprise"?

Two changing concepts reveal themselves as new forces in American Medicine, both of which may be made to redound to medicine's credit and usefulness to humanity. First, we have evidence of a changing economic picture. The doctor's role is a dual one, he must care for the sick and ailing at all times. There is no time off, no surcease from this job. Then in this social crisis now looming so large, he must tell the public of medicine's situation and what similar schemes have led to abroad. He must devise means of extending his usefulness, of making available to all, that which is possible here in America, namely, the best scientific medical care to be found anywhere in the world. Obviously he could not do that job adequately were he single handed, Thus he has been quick to utilize the helpful services of friends of medicine. Out of a total of fourteen speakers at this Conference, eight of them were layman. And those of us who have come in contact with these groups of loyal non-medical friends in hospital, our societies and other institutions, know how efficiently, how willingly and how earnestly, they make our problems, their problems. Truly we couldn't do a good job without such help. Secondly, a refreshing change is taking place in the doctors' thinking. A change which reverts to the attitude of early pioneer days when the doctor, many

times the only educated man in the community, stood up and fought for the best interests of that community. He led the fight for good schools, for proper hygienic and sanitary safeguards and indeed, thinking of Dr. Benjamin Rush, who signed the Declaration of Independence and Dr. John Morgan, who was appointed Medical Director General of the Continental Army in 1775, and performed valiant service throughout the period in which the colonies fought for freedom—he, the Doctor, led the fight for freedom.

So, now again—today—does the doctor pick up the gauntlet impudently flaunted by those who would change our American life. Thus can we, the modern American physician, not only cure the sick but indeed, aid an ailing world.

THUS SPAKE ZARATHUSTRA!

The House of Delegates met on May 22, 1919 in the Congregational Church in Peoria, President E. W. Fiegenbaum presiding. Before that body Dr. Charles J. Whalen, Editor of the Illinois Medical Journal, and Chairman of the Committee On Compulsory Health Insurance spoke:

"DR. C. J. WHALEN (Cook): I think there is at least one committee you ought to hear from in view of the fact that the health insurance matter is to come up in the American Medical Association, and you have a committee that has put a great deal of time in on the subject of health insurance, and you ought to have a report from the Health Insurance Committee.

REPORT OF THE COMMITTEE ON COMPULSORY HEALTH INSURANCE

"Your Committee on Compulsory Health Insurance of the Illinois State Medical Society begs to submit the following report:

"The report covers not only the work done by your committee, but also touches upon the present status of health insurance throughout the United States.

"Your committee submitted its first health insurance report at the annual meeting in 1917. This report was amplified at the annual meeting in 1918. The committee calls your attention to fact that the first report was published in the February, 1917 issue of the Illinois Medical Journal; that a criticism of same, together with a rejoinder, appeared in the March, 1917 issue of the same journal. The 1918 report of the committee was published in the July, 1918 issue of the Illinois Medical Journal.

"During the past year members of the committee have been frequently called upon to discuss health insurance before medical societies and investigating commissions in this and other states.

"In 1917 the Illinois General Assembly created a commission to study the desirability of enacting health insurance laws in Illinois. This commission began its investigation in the fall of 1918. Your committee appeared before the commission at its hearing in Chicago, November 8, 1918. The arguments used by your committee at this hearing were published in full in the Illinois Medical Journal, January, 1919.

"The published reports of the committee have been reproduced in pamphlet form and have been extensively circulated in Illinois. Throughout the United States, from Maine to California, from individuals and from state investigating committees, hundreds of requests have come to the committee for reprints of the reports of your Health Insurance Committee.

"Your committee herewith also submits a resume of the compulsory health insurance legislation in this country.

"Five or six years ago the American Association for Labor Legislation sent out thousands of copies of "A Tentative Draft of a Bill". The next year they caused a bill, known as the Mills Bill, to be introduced in the New York legislature. That was the first step in the legislative campaign anywhere in the United States. The bill did not receive more than ordinary notice. The following year a similar bill was introduced, and it did not come out of committee. Bills for the appointment of commissions were introduced in a number of states some two or three years ago, and commissions were appointed in Massachusetts, Maine, Connecticut, New York, New Jersey, Pennsylvania, Ohio, Wisconsin, Illinois and California. Maine reported adversely; Massachusetts' first commission reported favorably; second commission adversely. Connecticut's commission reported adversely. New Jersey reported favorably; Pennsylvania favorably; Ohio a bare majority favorably, but as second choice to sickness prevention. Illinois adversely; Wisconsin adversely and California favorably.

"The third year of the Nicoll Bill failed in

New York. The Kehoe Bill, which was the same kind of a measure, failed in Michigan.

"In California a commission to investigate was created by the 1915 session of the legislature, and at the 1917 session this commission reported in favor of compulsory health insurance and the submission of a constitutional amendment empowering the legislature to enact laws on the subject. The amendment was submitted to popular vote in November, 1918, and rejected by a vote of three to one. The president of the State Federation of Labor had been made a member of the Social Insurance Commission. The federation twice approved the amendment, but the election returns indicate that labor did not follow its leaders, every labor center in the state having rejected the amendment by a substantial majority. In fact, the amendment did not carry in a single county in California.

"Massachusetts held a constitutional convention last fall and a social insurance plank was introduced and defeated.

"During the legislative season just closing the Davenport Bill, in New York, passed the Senate as the result of some political trade between Governor Smith, democrat, and four republican senators who became insurgent and created a majority for the democrats. After passing the Senate the Davenport Bill died in the Rules Committee. A somewhat similar bill was introduced in New Jersey, but died in committee. The Myers Bill, in Ohio, will probably have a hearing, but nothing more. A bill passed in Indiana for the appointment of a committee to study the subject. A similar bill in Michigan failed.

"The matter has been agitated in Colorado, Maryland, Oregon and other states each of which has killed either a health insurance bill or a bill creating a commission to investigate.

"Some of the organizations which are on record against compulsory health insurance are:

Michigan Manufacturers' Association
Ohio Manufacturers' Association
Associated Manufacturers and Merchants of New York
National Industrial Conference Board of Boston
The Commercial Federation of California
The New York Chamber of Commerce
The National Civic Federation
National Association of Manufacturers
National Drug Trade Conference
The National Association of Manufacturers of Medicinal Products
The American Pharmaceutical Association
Commonwealth Club of San Fransisco
Association of Insurance Commissioners

MEDICAL ORGANIZATIONS

Section of Preventive Medicine, American Medical Association
Illinois State Medical Society
Chicago Medical Society
Ohio State Medical Association
Federation of Medical Economic Leagues of New York
New York County Medical Society
Pennsylvania State Medical Society
Lackawanna County Medical Society of Pennsylvania

LABOR ORGANIZATIONS

American Federation of Labor
The Executive Council of the A. F. of L.
Boston Central Labor Union
Massachusetts Branch, American Federation of Labor

(Speaking at a meeting of the National Civic Federation, held in New York in January, 1917, the following leaders expressed the opposition of their organizations to compulsory health insurance:

Samuel Gompers, president, American Federation of Labor
Warren S. Stone, grand chief International Brotherhood of Locomotive Engineers
Matthew Woll, president, International Photo-Engravers' Union
Hugh Frayne, organizer American Federation of Labor
Peter J. Brady, president New York State Allied Printing Trades Council
Timothy Healy, international president, Stationary Fireman's Union.

FRATERNAL ORGANIZATIONS

National Fraternal Congress
Ohio Fraternal Congress
Associated Fraternal Societies of California
New York Fraternal Congress

POLITICAL AND LEGISLATIVE BODIES

"In 1916 hearings before the House Labor Committeee were held in Washington. No action was taken. Hearings covered a week.

"In 1918 the Congress of the United States refused to create a commission to investigate further.

"The Massachusetts Constitutional Convention rejected the scheme by a vote of nearly three to one.

"We are not inclined to the view that the movement is gaining headway, although it might appear to be doing so if one stops to consider the number of states that have had it under con-

sideration recently. We think there is great danger next year in New York State, as their legislature convenes annually. *If, however, the proper kind of a campaign of education is carried on, there will be very little danger, because whenever this proposition is studied there is an overwhelming objection to it.*

"There are two forces attempting to drive this issue through — one the American Association for Labor Legislation, which you no doubt must know is nothing more or less than a misguided aggregation of professors of social economy, or parlor socialists, who are preaching socialism in our colleges. The second force is the welfare organizations and women's clubs. The welfare organizations are inspired by the desire to relieve human misery, and any measure they think may relieve the misery and suffering of the poverty-stricken class appeals as a good measure. The women's clubs are inspired by humane principle, but they have not given any consideration to the measure as one of state economy.

"Your committee recommends that every state wherein this issue has arisen should become very active behind a campaign of education; otherwise we forsee a troublesome and worrisome year beginning with January 1, 1921.

"In order that the subject may be brought to the attention of the delegates of the American Medical Association, the committee offers the following resolution:

"RESOLVED, That the delegates from this Society to the House of Delegates of the American Medical Association be and are hereby instructed to introduce a resolution against compulsory health insurance in the House of Delegates of the American Medical Association, and to support it in every possible way.

Committee on Social or Health Insurance of the ILLINOIS STATE MEDICAL SOCIETY: CHARLES J. WHALEN, Chairman, J. R. BALLINGER, Secretary, Edward H. Ochsner, George Apfelbach, C. A. Hercules, Cleves Bennett, W. F. Burres, Joseph Fairhall, W. D. Chapman.

"J. H. RICE: (Adams) I move that the resolution be adopted and the recommendations mentioned in the report be concurred in. (Seconded and carried.)"

We do not know what subsequent action was taken by the A.M.A. House of Delegates, but Illinois had an active and well informed committee, headed by able men. Perhaps their "warnings" were not heeded; perhaps at this time they were "crying in the wilderness", but the spark which lights the torch of education we carry today, was struck firmly and accurately by these physicians from Illinois.

NEW OFFICES AND CLINIC BUILDINGS

The Journal will publish from time to time, pictures and blueprints of new offices and clinic buildings. We believe that many of our members will be interested in suggestions along this line since more and more physicians are building separate office buildings or planning to renovate their present quarters. The physician's office is his workshop and should be planned for maximum efficiency. The advantages are obvious; furthermore, it makes working more enjoyable. The office need not be elaborate nor convey the impression that the physician is "getting rich" or becoming "too big for his britches." Neatness and cleanliness are essential but no patient will complain if the waiting room is pleasant and comfortable and the remainder of the office affords privacy and promotes maximum efficiency on the part of the physician.

We will appreciate help from those who have found the satisfactory solution to this problem. Send us your blueprints and pictures. The best will be printed and proper credit given to the architect and builder if so desired.

CORRESPONDENCE



CLINICS FOR CRIPPLED CHILDREN LISTED FOR AUGUST

The University of Illinois Division of Services for Crippled Children has scheduled 17 clinics to be held throughout the State during the month of August. Of these 12 are to be general clinics where diagnostic orthopedic, pediatric, speech and hearing examinations will be made. Five special clinics will be held, four for children with rheumatic fever and one for children with cerebral palsy.

Attendance at the general clinics have maintained the average of the past two or three years even though there have been more clinics held during corresponding periods. Attendance at the special clinics is limited to invitation only. More than 2700 children attended general clinics during the first four months of this year.

These diagnostic clinics are conducted by the Division in cooperation with local and health organizations. Clinicians are private physicians who are certified Board members. Any doctor may refer or bring children to a convenient clinic for examination or for consultative services.

The August schedule is as follows:

August 2 — E. St. Louis, St. Mary's Hospital
August 3 — Chicago Heights, St. James Hospital
August 4 — Hinsdale, Hinsdale Sanitarium
August 9 — Peoria, St. Francis Hospital
August 9 — Effingham, American Legion Home
August 11—Macomb, Marietta Phelps Hospital
August 11 — Elmhurst Rheumatic Fever, Elmhurst Community Hospital
August 12 — Chicago Heights Rheumatic Fever, St. James Hospital
August 17 — Aurora, Copley Hospital
August 17 — Carrollton, Grade School at Carrollton
August 18 — Rockford, St. Anthony's Hospital
August 23 — Peoria, St. Francis Hospital
August 24 — Springfield Cerebral Palsy, St. John's Hospital
August 25 — Normal, Brokaw Hospital
August 26 — Chicago Heights Rheumatic Fever, St. James Hospital
August 30 — Effingham Rheumatic Fever
August 31 — Joliet, Will Co. TB Sanitarium

CANCER OF THE LUNG

It is generally conceded that primary carcinoma of the lung is just as common or possibly more common than carcinoma of the stomach. The overall five-year survival rate from this disease is pitifully low—actually less than 5%. There are two reasons for this; (1) the patient fails to come to the physician early enough and (2) there is too long a delay in establishing the diagnosis.

In general there is considered to have been unnecessary delay if: (1) the patient fails to seek medical attention within 30 days after the appearance of the first symptom and (2) the physician fails to make a diagnosis within 30 days after the patient reports to him for medical care.

We are attempting to combat this unfavorable situation by trying to create more awareness on

the part of the public and the doctors as to early symptoms, and by improving the diagnostic facilities for the physicians.

Chest x-ray screening procedures are being looked upon very favorably at the present time as one means of the detection of early cases of cancer of the lung. Since our Division of Tuberculosis Control is already using chest x-ray surveys in its field, it seemed quite practical for us to make use of its activities in attempting to discover early lung neoplasms.

The Division of Cancer Control, therefore, is following up all suspected cases of chest neoplasm as discovered in the routine chest surveys. In attempting to evaluate results it is, of course, necessary that we obtain information from the patient's family doctor. This will necessitate our making contact with these physicians at intervals through the mail. The information requested will be very brief and will impose as little inconvenience as possible upon the physician concerned.

We feel that something of definite value can be accomplished if we can obtain the cooperation of the practicing physician in this project. We would appreciate it, therefore, if those physicians hearing from us in regard to one of their patients with suspected lung neoplasms would send us the information desired.

G. Howard Gowen, M.D., Ph.D.
Chief, Division of Cancer Control
Illinois Department of Public Health
Springfield, Illinois

RESEARCH FELLOWSHIP

The American College of Physicians announces that a limited number of Fellowships in Medicine will be available from July 1, 1950-June30, 1951. These Fellowships are designed to provide an opportunity for research training either in the basic medical sciences or in the application of these sciences to clinical investigation. They are for the benefit of physicians who are in the early stages of their preparation for a teaching and investigative career in Internal Medicine. Assurance must be provided that the applicant will be acceptable in the laboratory or clinic of his choice and that he will be provided with the facilities necessary for the proper pursuit of his work. The stipend will be from $2,200 to $3,200.

Application forms will be supplied on request to The American College of Physicians, 4200 Pine Street, Philadelphia 4, Pa., and must be submitted in duplicate not later than October 1, 1949. Announcement of awards will be made November, 1949.

ROTATING INTERN PSYCHIATRIC RESIDENT

The United States Civil Service Commission has announced a Medical Officer examination for filling rotating intern psychiatric resident, and surgical resident positions in St. Elizabeths Hospital, Washington, D. C. The salaries for rotating interns are $2,200 for the first year and $2,400 for the second year; the salaries for psychiatric resident range from $2,400 to $4,100 a year; and for surgical resident, from $3,400 to $4,150.

To qualify, applicants for the rotating intern positions must be third- or fourth-year students in an approved medical school. Applicants for psychiatric resident and surgical resident positions must be graduates of a medical school with the degree of doctor of medicine, and must have completed a full year in an approved rotating internship. In addition to the above requirements, applicants for appointment as surgical resident must have completed three full years as residents-in training in surgery in an approved residency. No written test is required for this examination. The maximum age limit of 35 years is waived for persons entitled to veteran preference.

Further information and application forms may be obtained at most first- and second-class postoffices, from civil service regional offices, or from the U. S. Civil Service Commission, Washington 25, D. C. Applications will be accepted by the Commission's Washington office until further notice.

AIR FORCE MEDICAL RESERVE IS ESTABLISHED

General Hoyt S. Vandenberg, Chief of Staff, U. S. Air Force announced on May 25 that applications are being received for commissions in the newly created Air Force Medical Reserve. Physicians, dentists, nurses, and other medical personnel who served with the Army Air Forces during the war may make application through the Air Adjutant General, U. S. Air Force, in Washington.

HOUSE OF DELEGATES



FIRST SESSION, MAY 16, 1949

The first meeting of the House of Delegates of the Illinois State Medical Society was held in the Palmer House, Chicago, on Monday, May 16, 1949.

The meeting was called to order at 3:45 P. M. by the President, Dr. Percy E. Hopkins, Chicago.

THE PRESIDENT: I now declare the 109th meeting of the House of Delegates of the Illinois State Medical Society in session. The Committee on Attendance comprising Drs. M. M. Hoeltgen, Chairman, James Taylor, Robert H. Hayes, Paul A. Dailey, please come forward. I will ask these gentlemen to pass out the attendance slips and request that only you men who have been certified as Delegates sign the slips.

The next order of business was the roll call of the Council and Officers. The Secretary reported present 18 Councilors and 5 Officers, a total of 23.

THE PRESIDENT: The next order of business is the report of the Credentials Committee.

DR. E. S. HAMILTON, Kankakee: The Credentials Committee reports that there are present and certified 75 delegates from the Chicago Medical Society, 75 from downstate and 23 members of the Council and Officers making a total of 173. I move you, Mr. President, that this constitutes the voting strength of this House of Delegates for this session. (Motion seconded by Dr. W. O. Thompson, Chicago and carried).

THE PRESIDENT: What is your pleasure regarding the roll call by the Secretary? Do you wish the roll called or will you accept the attendance slips as signed.?

DR. MATHER PFEIFFENBERGER, Alton: I move that the attendance slips be accepted in place of the roll call. (Motion seconded by Dr. E. P. Coleman of Canton and carried).

THE PRESIDENT: What is your pleasure regarding the Minutes of the 1948 meeting?

DR. W. E. KITTLER, Rochelle: If there are no objections or corrections, I move that the Minutes be accepted as published in the July and August 1948 issues of the Illinois Medical Journal. (Motion seconded by Dr. Mather Pfeiffenberger, Alton and carried).

THE PRESIDENT: The next order of business is the appointment of the Reference Committees.

The President appointed the following Reference Committees:

Committee on Credentials: Drs. E. S. Hamilton, Chairman, H. K. Scatliff, J. Roscoe Miller, W. E. Kittler and W. O. Thompson.

Committee on Attendance: Drs. M. M. Hoeltgen, Chairman, James Taylor, Robert H. Hayes, and Paul A. Dailey.

Committee on Reports of Officers, to receive and report on reports of President, President-Elect and Secretary-Treasurer: Drs. Arthur E. Goodyear, Chairman, J. J. Moore, E. E. Davis and E. T. McEnery.

Committee on Reports of Councilors, to receive and report on reports of Chairman of the Council, Reports of Councilors, and Reports of Councilors-at-large: Drs. P. R. Blogett Chairman, F. M. Hagans, Robert Mustell, Frank Deneen.

Committee on Reports of Standing Committees to receive and report on reports of Committee on Medical Service and Public Relations, Committee on Medical Testimony, Committee, on Medical Education and Hospital, Medico-Legal Committee, Medical Benevolence Committee and Committee on Archives: Drs. Charles H. Phifer, Chairman, H. A. Felts, Richard Greening, and L. S. Reavley.

Committee "A" on Reports of Council Committees, to receive and report on reports of Educational Committee, Scientific Service Committee, Postgraduate Committee, Fifty Year Club Committee and Medical Economics Committees: Drs. D. B. Freeman, Chairman, Loren Mason, Harold Swanberg, J. P. Simonds.

Committee "B" on Reports of Council Committees, to receive and report on reports of Advisory Committee to Illinois Public Aid Commission, Constitution and By-Laws Committee, Advisory Committee to American Academy of Pediatrics, Committee on Prepaid Medical and Surgical Care Plans: Drs. James H. Hutton, Chairman, C. Paul White, Harold W. Miller, and R. E. Bedard.

Committee "C" on Reports of Council Committees, to receive and report on reports of Committee on Cancer Control, Committee on Tuberculosis Control, Committee on Venereal Disease Control, Advisory Committee, Veterans Administration, and Committee on Military Affairs and Emergency Medical Service. Drs. W. W. Fullerton, Chairman, Karl Vehe, J. J. Grandone, and C. C. Saelhof.

Committee "D" on Reports of Council Committees, to receive and report on reports of Committee on Rural Medical Service, Crippled Children's Clinic Committee, Committee on Industrial Health, and Maternal Welfare Committee: R. C. Oldfield, Chairman, A. E. Dale, J. P. Fitzgibbons, and Justin McCarthy.

Committee to receive and report on Reports of the Editor, Illinois Medical Journal, Committee on Scientific Work, President of the Woman's Auxiliary, and Advisory Committee, Woman's Auxiliary: Drs. B. E. Montgomery, Chairman, Charles Pope, A. J. Zmugg, and Harry J. Dooley.

Committee on Miscellaneous Business, to receive and report on reports of Committee on Nutrition, Committee on Medical History, Advisory Committee, State Commission on the Chronically Ill, and any other matters referred by the President: Drs. T. G. Knappenberger, Chairman, Robert McCready, G. F. Cummins, and Joseph Mullin.

Committee on Resolutions, to receive and report on resolutions introduced at the first meeting of the House of Delegates: Drs. G. Henry Mundt, Chairman, Walter Hammond, J. Eric Gustafson, and Peter Rumore.

THE PRESIDENT: The next order of business is the presentation of the Outstanding General Practitioner Award. Gentleman, this is Dr. Lee T. Hoyt who was chosen the outstanding general practitioner of the state of Illinois for 1948. He was our candidate for the award to be made by the American Medical Association for the outstanding practitioner of the year. It provides me with a great deal of pleasure, Dr. Hoyt, to introduce you to this body and to present to you this certificate for an Award of Merit, as the most outstanding general practitioner in Illinois for 1948.

DR. HOYT: Mr. President, members of the Council, and members of the House of Delegates: I am losing my hair, my teeth and my sex appeal, and last of all has been my voice. But in spite of this laryngitis I would indeed be remiss if I did not attempt to express to all of you my very great appreciation of this honor. I went to the country to practice medicine in 1921, and I went for one reason. I thought that if I got far enough away in the mud and sticks at least in the winter time when the roads were deep in mud they would have to have me, for I had no confidence in my ability to earn a living in the practice of medicine, and I was right too. I went in the fall of the year, December. It had been a rainy November, the roads had frozen up and I had to buy new springs for the Silver Spring Buick which I had recently purchased thinking it was a good car. Then came the January thaw and the bottom really went out. I could go on and tell you about the winters I drove through the mud carrying lanterns in the country and of the time when I took a sick child with appendicitis twenty miles through the mud to be operated on. It took twenty-four hours from the time I left home until I returned. I could tell you of many other instances but most of you men know it because you have been through it yourselves. I could go on and take a few cracks at the Specialty Boards which I would love to do and which in my opinion are getting ridiculous. I could say to you that the Specialty Boards and specialists with their too frequent exorbitant fees which they must of necessity charge to justify their training, are bringing us more and more rapidly to the socialization of medicine. I think this is one factor that is most important. I do not know what the answer is. We need specialists but the problem is one which we must solve.

Now, I do want to say that my feeling in this matter has been that I do not deserve this award. I think there are many more men throughout the State of Illinois who deserve it more than I do. I do hope that from this may come a greater appreciation of the general practitioner in the rural areas and that through this there may come more doctors to the country where they are so badly needed. I hope that each county in the future may select a candidate, and that sufficient appreciation can be locally impressed in each county to many of the men, that this award may be given to a larger group of men and I think that will occur as years go by. I could go on with other remarks but I am sure you would say "that poor old gentleman has arteriosclerosis of the circle of Willis" so I had better sit down. (Applause)

THE PRESIDENT: The next order of business will be the consideration of the reports published in the Handbook. The Committee Chairman are privileged to present supplementary reports if they desire.

1949 REPORTS OF OFFICERS

REPORT OF THE PRESIDENT

As my term of office as your 109th president draws to a close and I gather my thoughts to formulate this report, it seems to me that the last year will go down in the records as one of the most important periods in the history of American medicine. That refers, not to scientific achievements, as we would all prefer, but rather to the social and economic relationships of the medical profession. The political upset of last November 2, which gave the deteriorated New Deal a four-year lease on the federal government, also gave to the

agitators for socialized medicine another and unexpected opportunity to try to sell their program to the nation. The "mandate" the revived administration has sought to claim since that vote has added tremendous impetus to the drive for socialization. And that in turn has forced medicine to formulate and execute a plan of even greater drive in opposition for the protection of the health of the American people and to preserve the country's physicians from socialistic serfdom. That is the central fact on which our whole future existence as a free profession depends. It must become a primary interest of every physician.

When the smoke of battle dies down, it is our hope that State Socialism through nationalization of medicine will be doomed forever in the United States. The issue has been raised and the battle joined during this term; it will be for my successors to carry it through to ultimate and indubitable victory.

THE PRESIDENT—As a result of the sudden change in the outlook, the activity of the Society in every part of the state has been raised to a new high level and it will unquestionably go higher. Every officer and most of the members have participated in this increased activity. It is a great satisfaction to record also that a gratifying harmony prevails in organized medicine throughout the state, both in the Illinois State Medical Society as such and among the component societies. Your president has endeavored to contribute as much time and energy as the situation required, taking part in many conferences and committee meetings throughout the state, attending practically all the postgraduate conferences and speaking before many county society meetings and to numerous lay groups.

THE COUNCIL—The members of the Council have responded nobly to the new demands made on them and it is with pleasure and pride that I call their efforts to your attention. Under the able leadership of Dr. Harry M. Hedge, its chairman, the Council has taken on an enormously increased amount of work and meetings that once occupied a leisurely three hours now run to five or six hours of intensive activity. This commendation also extends to the loyal and industrious work of the various committees of the Council and this House, which have contributed much to the welfare of the Society.

THE SECRETARY-TREASURER—It is also a pleasure to record the similarly effcient work of Dr. Harold M. Camp, your secretary-treasurer. Such extra tasks as the collection of the $25 special assessment and the numerous meetings, increased correspondence and other duties pertaining to the campaign against socialization, have fallen to his lot in the last six months and only his long background of experience and his well-trained staff have made it possible for him to absorb the additional work. I would like to call to your attention that Dr. Camp is approaching the 25th anniversary of his service as secretary of this Society and to suggest that some fitting method be chosen of marking that date and honoring him for his long service.

THE EDITOR, THE EDITORIAL BOARD, THE JOURNAL COMMITTEE—Certainly none of you could have failed to notice the improvement in the appearance of *The Illinois Medical Journal* in the last few months. Under the guidance of Dr. Camp as editor and of Dr. Hedge as chairman of the Journal Committee, a new type-dress, new departments and a brighter, more attractive make-up have been devised to give the *Journal* a unique and distinctive appearance in keeping with its professional quality. The editorial Board, meanwhile, under the chairmanship of Dr. James H. Hutton, has steadily maintained the scientific level of the articles published in the *Journal* and it remains as one of the few top quality professional publications of its type.

The Society is also fortunate in having obtained the services of a competent physician, Dr. Theodore R. Van Dellen of Chicago, as associate editor of the *Journal*. His abilities will certainly further improve the *Journal*. He began his duties as of April 1, 1949.

THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH.—The year saw a continuance of the fine cooperative relationship between the medical profession of Illinois, represented by the Society, and the Illinois Department of Public Health, of which Dr. Roland R. Cross is director. Dr. Cross has attended all meetings of the Council and regularly consults with its members and takes its findings and decisions into account. His attitude has been one of entire cooperation and the Society should be grateful for his attitude in this regard. It is to be hoped that the new administration will retain him in office.

PUBLIC RELATIONS—The present emergency regarding socialized medicine has laid new emphasis on the work carried on by the Committee on Medical Service and Public Relations, headed by Dr. James H. Hutton as chairman and with John W. Neal as executive secretary and James C. Leary as director of the Bureau of Public Relations. In the last analysis, the campaign against socialization is almost entirely a public relations function as outlined by the A. M. A. and Whitaker & Baxter, its public relations counsel. The Society is fortunate that some three years ago it established a public relations office, which has thus had time to develop experience and machinery which has made possible the rapid expansion necessary to meet the demands made on us.

Once it became clear at the interim session of the A. M. A. House of Delegates in St. Louis early in December that the medical profession was going to fight for freedom, it was possible for Illinois to act. A conference of county society officers was called in Springfield December 12, 1948, probably the first such meeting held by any state society. At this meeting the issue was outlined by various speakers and the need for local action emphasized.

When Whitaker & Baxter had completed their planning and outlined the program at their national conference in Chicago February 12, it became possible for Illinois to go into action. Dr. F. Lee Stone of Chicago was appointed to the new national Committee

of 53 as the Illinois representative. A speakers' bureau was set up and additional assistance provided for it under the direction of Mr. Leary. February 27 a second Illinois meeting was held in Chicago, attended by about 175 representatives of county and branch societies, at which the national program was interpreted in terms of local activity. The response was heartening. Illinois doctors are ready to fight. The speakers' list has already expanded rapidly from a handful to nearly 200 throughout the state and we are developing a compact group of effective fighters.

At this meeting the public relations counsel introduced a new device for the rapid training of speakers, a loose-leaf pocket-sized card system in which the pros and cons and essential data of socialization are abstracted for ready reference. This was well-received by our own speakers and it has been a pleasure to find that it is meeting widespread commendation and acceptance throughout the country. Twenty state societies have asked for it, some in large quantities, and many are reproducing it themselves after adapting it to their own jurisdictions. Both the A. M. A. and Whitaker & Baxter have commended it enthusiastically. The latter group, in a letter to me, called the card system "one of the finest kits of material I have ever seen" and commended Mr. Leary for the "skill and throughness" of his work. By making this speaker-training device available to other societies, Illinois has also made another valuable contribution to the general welfare.

The Society, of course, makes no attempt to interfere with local activities in the campaign, or in any way to disturb the autonomy of local organizations. We are interested only in stimulating all possible local activities and in assisting local groups, on request, by such services as supplying speakers and literature. There is room—and need—for all types of effort in this great campaign for freedom and, in the long run, the men of any given area are the best judges of what is suitable or requisite for that area.

THE EDUCATIONAL COMMITTEE—The Educational Committee, under the chairmanship of Dr. Charles P. Blair of Monmouth, and with Miss Ann Fox as secretary, has similarly carried on its functions well. The National Education Campaign has forced a sharper definition of the work of this committee as far as the public is concerned. Hence its efforts are to be limited to public health education, while every activity pertaining to the fight against socialization is to center in the Committee on Medical Service and Public Relations. This was necessary to keep our long-established free-will program of teaching sound health principles clear of any connection with the national campaign.

LABOR—A number of conferences have been held with responsible representatives of various labor groups, at which we and they discussed the desirability of organizing voluntary prepayment plans under control of the unions themselves for their members. No final decisions have been reached as yet, but the exchanges so far have been friendly and mutually satisfactory and our exploratory talks continue. The union representatives want the best possible medical care for their members at reasonable, though not at cheap rates, while your representatives ask only good medical care, with professional supervision of services, free choice of physicians and other well-established and essential principles suitably observed. At this point there seems to be no reason why agreement should not be reached to the mutual advantage of all concerned. If these talks can be brought to a successful conclusion, many large groups will be added to the list of those covered by voluntary plans, adding many thousand more arguments against federal compulsion.

I desire at this time to call attention also to the health care plan of the United Mine Workers now in operation under direction of Dr. Warren Draper, whereby the problem of medical care for members of the union has been made the responsibility of the medical profession throughout the country. It is our belief that the system set up by Dr. Draper affords a golden opportunity for the medical profession to demonstrate again that there is no need for compulsory sickness insurance such as is proposed by the federal government. It is essential that the profession cooperate wholeheartedly in this and similar plans.

Your officers also attended a meeting at Galesburg set up by the University of Illinois to discuss the establishment of medical care and other welfare plans now sought by unions throughout the country. This was an interesting and educative experience, for it revealed to us the wide range of approaches being considered by union labor to the problem of providing medical care to its membership at low cost.

RURAL MEDICAL CARE—Under the Committee on Rural Medical Service, headed by Dr. Harlan English of Danville, substantial progress has been made toward the solution of medical care problems in rural areas. Most important has been the establishment of a joint student loan fund, in cooperation with the Illinois Agricultural Association, to provide money to finance the medical training of country boys who will agree to return to country areas to practice. Three students are at work now under such grants and it is expected that several more will be recruited for next year. We obtained wide recognition in the public and professional press on this work. This type of plan, or something similar to it, is being adopted now by many other states.

Two successful conferences were held in Mt. Vernon and Peoria on successive days in January at which representatives of farm organizations, public officials and medical men sat down to discuss rural health problems, such as tuberculosis, cancer, hospital construction and voluntary prepayment plans. Dr. Cross and the department of Public Health cooperated effectively. These meetings were widely publicized throughout the state and I am satisfied they contributed greatly to better relationship and understanding of our efforts on the part of the public in rural areas. Many commendatory letters and statements were recorded from the farm representatives present. Despite bad weather, these meetings were well attended and they should be repeated each year at least.

A third printing of "Doctors and Horses," the pamphlet outlining medicine's program for rural Illinois and prepared by our public relations counsel under direction of Dr. English, has been made necessary by the continuing demand and it is likely that its use in the educational campaign against socialized medicine will require additional supplies, perhaps a completely new edition.

Illinois was one of four states with rural health programs sufficiently mature to warrant inclusion in an exhibit staged by the Committee on Rural Medical Service of the A. M. A. at the A. M. A. Annual Meeting in Chicago. The Illinois exhibit outlined the 10-point program being carried out by the Society throughout downstate Illinois.

Still another activity which, through wide publicity, called attention to the Society's rural health program was the selection of the outstanding general practitioner of the state—Dr. Lee T. Hoyt of Roseville. Dr. Hoyt, a fine example of the modern country doctor, failed to win the national award at the interim session of the A. M. A. in St. Louis, but we still have our own opinion as to his merits. Nationwide feature stories on the Associated Press and a week-long serial dramatization of his work by radio suggest also that our opinion is shared by key laymen.

The Committee on Rural Medical Service and Dr. English are to be especially commended for their work in this important field.

THE COMMITTEE ON MILITARY AFFAIRS AND EMERGENCY MEDICAL SERVICE—The international difficulties which our country and Europe face have presented a new problem, that of providing against possible catastrophe due to use against us of new military weapons, atomic bombs and bacteriological warfare. The Society has handed this problem to its Committee on Military Affairs and Emergency Medical Service, headed by Dr. Earl H. Blair of Chicago. This committee has been extremely active and, through many conferences, participated in by military men also, has developed a disaster-proof program of medical care in case of emergency to a point at which it has been recently submitted to Governor Adlai E. Stevenson for official recognition and action.

In addition, this committee is charged with responsibility for stimulating enrollment of young physicians in the armed forces, in cooperation with the medical departments of Army, Navy and Air Force. Every member of this society should participate in this effort by encouraging recent or imminent graduates of medical schools to apply for medical officer commissions at once. This applies especially to graduates who received all or part of their medical training at government expense or who were deferred by Selective Service to complete medical training.

THE WOMAN'S AUXILIARY—The Woman's Auxiliary has been increasingly active in the interests of the medical profession of the state and has responded with enthusiasm to appeals for cooperation in the fight against socialization. The Auxiliary constitutes one of the best public relations aids available to the medical profession, a fact too often disregarded, and it has a difficult task outlined for the coming months. It may play a very important role in the battle by awakening the women of the nation to the effect of the proposed compulsory sickness insurance on their homes, their children, their savings and the general welfare. It has accepted the challenge and it is a privilege to record here our appreciation.

SOCIETY FINANCES—With the campaign against compulsory sickness insurance has come a very great increase in the expenses of the Society. In my opinion, while our funds should certainly not be spent futilely, we should be ready to spend whatever is necessary to stop this un-American socialization scheme, even to the extent of requiring an increase in dues to maintain a sound financial position. It is my belief that failure or inability to accomplish our aims because of an attempt to save money might leave us without any organization at all.

THE HOOVER REPORT—The Commission on Organization of the Executive Branch of the Government, headed by Herbert Hoover, has recently published its recommendations for rehabilitation of the complex structure of the national government. Greater efficiency and great savings of the taxpayer's money will result if these recommendations are put into effect. A nationwide organization is being established to conduct an educational program for the adoption of these recommendations. A good-sized part of the report of this commission touches on government medical care and is, in fact, ammunition for our fighters against compulsory insurance. The Society through its officers is in touch with this newly formed group.

MEMBERSHIP—I would also like to call your attention to the fact that graduates of the Chicago Medical School are still excluded from membership in several county societies. Every society has the exclusive right to set up its qualifications for membership, of course, but such societies should bear in mind that the school is now fully approved. Furthermore, many of its graduates served honorably with the armed forces. Again, there is no reason to regard graduates now in practice throughout the state as anything but capable and sincere physicians playing a difficult part in providing medical care in areas where it is often badly needed. I would like to suggest to every society which falls into this group that, as physicians licensed to practice in Illinois and as men of good repute, capable and honest, they should be welcomed into the ranks of medicine. Such a course is only fair and just and it will lessen the possibility that, in resentment, they may be recruited into the ranks of our enemies.

CONCLUSION—In closing I want to express my heartfelt gratitude to those officers and members of the Society who give their time freely and generously to the business of the Society, to its various committees and to its scientific work. Without their aid the achievments of the last year would have been impossible. It is my hope that the succeeding administration will enjoy a similar cooperation and that many more of you will join in the work of the Society.

Respectfully submitted, PERCY E. HOPKINS, M. D., *President.*

REPORT OF THE PRESIDENT-ELECT

Your President-Elect has been standing by throughout the year ready at all times to do any spade work that the President may have assigned to him. This was not necessary except on one occasion when the President was out of this country.

However, I have not been unmindful of the fact that though the President-Elect is supposed to be undergoing an indoctrination course for the more important office of President, I have done my best to visit county medical societies which have requested my presence. On a number of occasions, I have not only given scientific addresses, but I have talked about the economics of the present situation in Washington. In some instances, I have appeared as often as two or three times a day addressing lay organizations.

Though I am not optimistic, still at the same time, I am not pessimistic regarding the enactment of Compulsory Sickness Insurance on a national level. The one thing that we must combat is not only the lack of information among lay folks but the appalling lack of information by members of our own ranks. I was much amused after I had addressed a meeting of doctors to have one doctor ask me, "Well what in the world can we say to lay people when they ask us why we object to government medicine?" Intelligent explanations pointing to the sinister implications to our liberties usually bring resolutions by lay groups directed to Washington protesting the enactment of Compulsory Sickness Insurance.

I am deeply grateful for the honor which the State Society has conferred upon me and I realize what an important year is ahead of me as your President. If I can serve you as well and as faithfully as those who have preceded me, I will be satisfied.

Respectfully submitted, WALTER STEVENSON, M. D., *President-Elect.*

REPORT OF THE SECRETARY-TREASURER

This is our twenty-fifth consecutive annual report as Secretary of the Illinois State Medical Society and many thoughts clamor for utterance as we look back over the years. It has been a long quarter century and it has had its wearisome moments, but they have been more than compensated for in the friendships established and maintained, the satisfaction gained from watching our Society grow in membership, influence and service, and the unique opportunity to have an active role in medical organization during what will some day be known as medicine's "finest hour"—the period when medicine gathered its forces to do battle for the freedom of the profession, the health and welfare of our people and the preservation of our national character.

That 1924 annual meeting was held in Springfield. Dr. E. H. Ochsner of Chicago, as outgoing president, filled the chair of the House of Delegates, finally turning his office over to the president-elect, Dr. L. C. Taylor of Springfield. Dr. J. C. Krafft of Chicago became the new president-elect, with Dr. John R. Neal of Springfield as first vice president. Dr. Taylor's health was poor all through his year as president and Dr. Neal carried most of the burden of the office, including presiding over the 1925 meeting in Quincy.

The 1924 annual meeting showed a membership of 6,412, a loss of 428 from the 1923 figure. A principal issue before the House was a proposal to establish a 1,000 watt broadcasting station at a cost of $125,000; it was not approved, but further study of the suggestion was authorized. Other issues still sound familiar —socialization of medicine, the chiropractors' efforts to legalize their status, the attempts made to bar the use of animals in medical education and research, the tendency of lay groups to establish and operate various types of clinics, the demands for immediate licensure made by an increasing number of physicians moving into Illinois.

The first session of the House was held in the evening and the long agenda kept the delegates busy until long after midnight. This discomfiture was eliminated a few years later when the practice of printing the annual reports in a handbook simplified the procedure materially.

Many other changes have come with the years. The membership is now close to 10,000. The annual meeting has grown into one of the principal medical meetings of the year, so large that it is no longer possible to hold it in downstate cities, as desirable as it would be to do so. Our activities have expanded tremendously, as we set machinery to meet the new issues confronting us—health education, public relations, rural medical care, legislation, the National Education Campaign, procurement and assignment during the war, and many others. Many good men have passed to their hard-earned rewards and many more have stepped forward to take their places. It seems proper at this point to step out of my official character for a moment to express my heartfelt thanks to all these men who have had so much to do with the success of the Society's efforts in the last twenty-five years and made it an unforgettable satisfaction to be part of these efforts.

But the present issues make it essential to cease our reminiscences here.

COMPULSORY SICKNESS INSURANCE—Since 1939 we have had a succession of bills before the Congress to provide some form of compulsory sickness insurance, based on a payroll tax. The first asked for a modest $950,000,000 for the first year, but the sums involved so frightened the public that the proponents eliminated cost provisions. Other changes in the program have been made in determined efforts to get support, but they have all failed.

The latest in the long series of bills is S. 5, introduced in January of this year and more menacing than any predecessor, since it is supposed to be backed by the "mandate" the current administration says it received at the polls last November. The story is the same—a compulsory payroll tax, a huge bureaucracy, eventual enslavement of medicine and destruction of

the present high level of medical care for the public. There is no need here however to review the pros and cons of the issue.

THE A. M. A. SPECIAL ASSESSMENT. The important notes to record in this report are the decision of the American Medical Association to go all out in a battle against the Truman program and this Society's part in helping to fight it. The interim session of the House of Delegates at St. Louis in December voted to impose a $25 assessment on every member of the A. M. A., the first time such an action has been taken in its 102 years. The vote in favor of the assessment was unanimous. With the fund thus accumulated, a National Education Campaign has been initiated by Whitaker & Baxter, a firm of public relations experts, under the supervision of a special coordinating committee of officers, trustees and delegates. Illinois is represented on this most important committee by Edwin S. Hamilton of Kankakee.

This fund has been misunderstood by many doctors and misrepresented by our opponents. It is not a lobbying fund. There is no high pressure effort in Washington. A part of the money is paying the fee of Whitaker & Baxter for the planning and execution of a program to explain socialized medicine and its dangers to the American public in full confidence that, if the issue is once understood, public opinion will defeat it permanently. The remainder is currently held in reserve for future use. It is being carefully administered and fully accounted for to the last penny.

The Assessment in Illinois. Opponents of organized medicine have done their best to spark a movement among physicians to refuse to pay the assessment. A few have refused. However, we are happy to report that Illinois physicians are paying the assessment willingly, including many who are exempt from dues or assessments. We feel certain that the Illinois State Medical Society will collect the assessment from at least 90 per cent of its membership.

A number of component societies have already remitted for their memberships, while many more are within a few points of 100 per cent payment. One society with 97 members, for instance, reported 94 paid up early in March, with two on vacation and one sick who would pay up shortly.

The assessment is being collected at the county level, along with annual dues, with the county secretary sending remittances to our office and we in turn recording the individual payments and remitting monthly to the A. M. A. A special bank account in the name of the A. M. A. has been opened to handle the funds so that they never appear in our Society audit.

By specific decision, no compulsion of any sort is being exerted to force members to pay the assessment. The question whether to pay or not is left to the individual member's own conscience. We realize, of course, that there is a very small proportion of our membership which favors socialization for some peculiar reason and we can only hope that some day they will see the light. In addition, a certain proportion of our members, because of sickness or other misfortune, is unable to pay now.

In general, the acceptance of the assessment has been widespread and satisfying throughout the state and Illinois will undoubtedly rate high in the list of paid up percentages when the figures are compiled.

The National Education Campaign in Illinois. The plan of battle laid out by Whitaker & Baxter rests largely on a direct personal approach to the voter through speakers and pamphlets with the aim of persuading every possible individual to write personal letters to his or her congressmen and senators opposing S. 5 and of obtaining from every possible organization, large or small, a resolution of endorsement of our position to be forwarded to the President, our senators and our congressmen.

It is essential that full records be kept of such resolutions through copies forwarded to this office for transmission to Whitaker & Baxter and all speeches given by our members be similarly reported to this office or to the Speakers' Bureau.

As recorded in the report of the Committee on Medical Service and Public Relations, the responsibility for development of the speakers' bureau for the campaign has been placed on Mr. James C. Leary, the Society's public relations counsel. This necessitated placing him on practically full time basis and his office and services have been greately enlarged.

It cannot be too strongly emphasized that this National Education Campaign is a long-term fight. It is not something that can be won with a meeting or two and a few resolutions. Our opponents, with all the power and personnel of government behind them and using vast funds wrung from us as taxpayers, are set to battle hard for their program. We must be equally determined and ready for a fight that will last until we win. Only constant and unflagging effort will give us that victory.

COOPERATION WITH GOVERNMENT AGENCIES—During the last year, we have received many hundreds of letters from the U. S. Public Health Service, the Secretary of National Defense, and other governmental agencies, asking for some type of service. We have endeavored to give every possible cooperation when the requests have been received. Many of these letters have been referred to the Council, and special action has been taken on a number of occasions.

During the so-called "war of nerves" this country has endeavored to maintain a high standard of efficiency in its defense program. With the large number of men in the Army, Navy and Air Forces it is necessary to have a sufficient number of medical officers to give them proper medical and surgical care.

The United States has the largest peace time mobilization in its history, and medicine has never failed in its obligations to government when its services are needed. The Secretary of Defense has repeatedly stated that, by the end of July, there will be a shortage of about 1,600 physicians and 1,160 dentists. This shortage means that the Armed Forces will not have professional men to give minimum medical service to the approximately 1,700,000 men and women who serve their country.

Recently the Secretary of Defense sent a letter to the thousands of young men in medicine who received part or all of their training at Government expense. Many of them were not disturbed by their draft boards, but were permitted to finish their courses and complete their interneships. Even though at this time many of them are not subject to a mandate to enlist, there is definitely a moral obligation which should cause them to give most serious consideration of the need for medical officers.

Articles and editorials have appeared in the *Illinois Medical Journal* in recent months, with the approval of our Council, and the Committee on Military Affairs and Emergency Medical Service has also been active in the endeavor to get men in this group to apply for a commission. We have been told repeatedly that, if a sufficient number of young physicians do not apply for commissions voluntarily, it may become necessary to ask Congress to enact legislation which will permit drafting physicians and dentists.

We have been told that first on the list would be those who have had Government training, but have not previously been in the services. It has been definitely stated by the Secretary of Defense that they are not asking for physicians and dentists from areas where a shortage already exists. The main objective at this time is an effort to replace those medical officers who will be eligible for relief from duty in coming months, men who have already been in service for some time, and are eligible for separation from service in the near future.

It seems desirable that this House of Delegates take some action to aid in the procurement of the desired medical corps personnel.

THE SOCIETY—During the last year there has been a further increase in the membership of this Society, and we are rapidly approaching the 10,000 membership mark. We were told recently that with the present membership, this Society is entitled to an additional delegate. For a number of years, we did have 10 A. M. A. delegates, but, with a reapportionment on the part of the A. M. A. House of Delegates, we lost one.

When we had 10, they were equally divided between the Chicago Medical Society and the down-state societies. When we lost one delegate, the House of Delegates of this Society voted to retain five from the C. M. S. and four from the down-state societies, yet calling to the attention of the Society that the A. M. A. delegates do not represent component societies, but actually the State Medical Society membership.

In accordance with a recent change in the A. M. A. by-laws, even though this Society is legally entitled to an additional A. M. A. delegate, one selected at the 1949 annual meeting cannot serve until after January 1, 1950. Delegates are elected for two years dating from January 1, and only those who have already been elected can serve at the regular 1949 session, and the interim session, if held during the last month of this year. It seems quiet apparent, therefore, that we can only certify delegates this year who were elected prior to January 1, 1949. This will mean that even though the two-year term actually expires, according to our own by-laws, at the regular annual meeting, delegates who were certified for the last session of the A. M. A. House must hold over until after January 1, 1950. Consequently it does seem desirable that our by-laws be amended to conform to those of the American Medical Association.

THE COUNCIL—There is always a full agenda for every meeting of the Council, and in recent years it has been necessary to shorten the interval between Council meetings. Although starting at 9:00 A. M. recent meetings have not ended until mid-afternoon or later. The Council, during the last year, has invited one or two county society officers to sit in at a regular meeting so that they will be better informed as to what the Council actually does at the sessions.

In accordance with the request of the House of Delegates some three years ago, we have endeavored to publish an abstract of the Council minutes of most of the meetings in the *Illinois Medical Journal*. Those of you who have read these minutes no doubt realize that many problems are coming up regularly which require much time and thought on the part of individual Councilors. Prior to the meeting we frequently mimeograph reports and occasionally resolutions to be presented at the meetings, so that the members may be better informed as to the nature of the business to be transacted.

It is rarely indeed that a member of the Council misses any of the meetings, and then only for a good reason. Invariably a member knowing that he will be unable to be present at a meeting, sends a letter or telegram giving his reason for not being there, and desiring that the members know why he is absent. The work of the Council is not only highly important, but is increasing each year, as the minutes will show.

LOCATIONS IN RURAL AREAS—we are still receiving a considerable number of requests for physicians in rural areas in all parts of the state. Letters come from individuals and from various types of organizations such as Chambers of Commerce, likewise we have had a considerable number of visitors in both the Monmouth and Chicago offices, to tell us about the urgent need for physicians in their respective communities.

We also receive letters from physicians desiring to establish practices in rural areas, but many of these prefer locations in cities of from 10,000 to 50,000. Occasionally a letter is received from a young surgeon wanting to locate in a city of 25,000 or more, where there are no surgeons, or where there may be a surgeon about ready to retire who wants a younger man to take over the practice. At the moment we do not know of a single city in Illinois in these population categories which does not have as many or perhaps more physicians today than at the beginning of the late war. The real need is in the small towns of from 1,000 to 2,500, and some smaller, yet large enough so that a very large practice can be established by a physician willing to give the desired care. Most of these locations are in rich agricultural sections where a physician immediately

becomes an important citizen of the community and makes new friends daily.

With the improved schools, many in smaller communities having recently consolidated, better housing facilities, and good all season roads, there are many advantages in these rural areas which are appealing to an increasing number of professional men. We do have some unreasonable requests, such as the town of 500 with one physician which desired another because in the horse and buggy days it had as many as four busy physicians in the town.

There are relatively few communities in Illinois where people cannot be taken to a satisfactory hospital within 15 or 20 minutes, and very often can reach a hospital sooner than in some of the urban centers.

The Committee on Rural Medical Service has an interesting report in this handbook which should be read by every member of the Society, and it will appear with the complete transactions of the annual meeting in the July-August issues of the *Illinois Medical Journal*.

DEATHS OF MEMBERS

Herman H. Cole, Springfield, born in Alton, 1893, graduated from University of Michigan, 1917, joined A. E. F. for World War I, seeing overseas service until end of war. Active member of Illinois Tuberculosis Association and Illinois Heart Association. Member and past president, Sangamon County Medical Society, First Vice President, Illinois State Medical Society, member and chairman of several state committees, special advisor to Governor Green in Veterans' Affairs. Very active in state and county medical society work, regular attendant of the annual meeting for many years. Died suddenly of a heart attack at St. John's Hospital, Springfield, February 16, 1949, aged 56.

David J. Evans, Aurora, Rush Medical College, 1898, Emeritus Member of Illinois State Medical Society, member of staff of St. Charles, Copley and St. Joseph Hospitals of Aurora; died April 7, 1948 of coronary thrombosis, aged 75.

William R. Fringer, Rockford, graduated from Northwestern University Medical School, 1888. Very prominent in ophthalmology for many years, member of the special societies, Emeritus Member, Illinois State Medical Society, Fifty Year Club, died March 7, 1948, aged 84.

Herbert L. Pettitt, Morrison, graduated from University of Illinois College of Medicine, 1906, Assistant Director, Illinois Department of Public Health, 1941-42, always prominent in county and state medical society activities, serving as Councilor for Second District until compelled to resign on account of health, died May 6, 1948 of coronary occlusion, aged 72.

Samuel J. McNeill, Chicago, graduated from Rush Medical College, 1902, long time member, Chicago Medical Society, and Illinois State Medical Society, member of the state society council for a number of years, serving one year as chairman of the council, died February 16, cerebral hemorrhage, aged 73.

Robert Bruce Preble, Chicago, graduated from Northwestern University Medical School, 1891, for many years head of Department of Medicine, Northwestern, past president, Chicago Medical Society, member of many special societies, died July 26, 1948 of myocardial infarction, diabetes and third degree burns, aged 82.

Frank L. Brown, Chicago, graduated from Chicago College of Medicine and Surgery, 1912, for several years, Chairman, Scientific Service Committee, Illinois State Medical Society, two years as member of A. M. A. House of Delegates, from Illinois State Medical Society, died December 7, 1948, aged 62.

Frank E. Simpson, Chicago, graduated from Northwestern University Medical School, 1896, formerly Clinical Professor of Dermatology at Northwestern, past president, American Radium Society, member of the Fifty Year Club, died December 13, 1948, aged 79.

H. C. Hill, Streator, graduated from Rush Medical College in 1894, Emeritus Member and Member of the Fifty Year Club, died suddenly on March 9, 1949.

A. L. Adams, Jacksonville, graduate of Bennett College of Medicine and Surgery, 1886, member of Fifty Year Club, Emeritus Member, prominent for many years in field of Opththalmology and for many years prominent in affairs of Section on Eye, Ear, Nose and Throat, died January 31, 1949, aged 83.

Bert G. Wilcox, Joliet, graduate from Chicago College of Medicine and Surgery, 1912, chief of staff at Silver Cross Hospital, Joliet, and member of staff St. Joseph Hospital, first vice president, Illinois State Medical Society, 1931, died November 3, 1948, aged 68.

Bert I. Beverly, Oak Park, graduated from Rush Medical College, 1924, Associate Professor of pediatric psychiatry, University of Illinois College of Medicine, (Rush Division) member of many special societies, prominent for years in Section on Pediatrics, made many talks throughout the state for Scientific Service and Post-graduate Committees, died suddenly in his office following a heart attack, September 24, 1948, aged 54.

Frank J. Novak, Jr., Riverside, graduate from the University of Illinois College of Medicine, 1914, prominent in Otology, Rhinology and Laryngology, member of many societies, and in Section on Eye, Ear, Nose and Throat of the Illinois State Medical Society, died of coronary disease, July 27, 1948, aged 69.

Time and space will not permit us to list all of the members of this Society who have passed to their eternal reward since the last annual meeting, but we once more note that many of these fine members of the medical profession died in their office, home, on railroad, or elsewhere from some condition which took them suddenly, in the traditional way of many physicians who work until the terminal ailment.

Year after year, in reporting deaths of members, we are invariably reminded that the death rate among physicians is higher than for almost any other professional or business group. "Never give up" seems to be the motto, and relatively few of these fine men have actually retired to enjoy their closing days with

comfort and ease. They and their work will long be remembered by their many patients who realize that they served humanity.

In closing this portion of the annual report we again want to thank the other officers of the Society for their assistance and constant encouragement in trying days, likewise members of the Council with whom we have associated so freely during another year. We also want to thank publicly the county society secretaries and other officers who have cooperated so splendidly in the ever increasing duties which have been theirs.

In looking over past reports and activities of this Society over a quarter of a century, one can readily see how different the responsibilities of the medical profession in this, as well as in all other states, are from those of former years. When we note with pride the fine work which has been done in research laboratories, by outstanding clinicians, the improved technics in surgery in its many branches, the newer drugs, accessories which we have been able to use so satisfactorily, it is indeed with a sense of pride, that we as physicians have lived and worked during the period of the greatest advancements ever made in the improvement of medical care.

We can only hope that those who desire to change all of this and create completely new methods of caring for the sick, placing the responsibility upon politically controlled groups, instead of in the hands of physicians on their own initiative, will give serious consideration to the importance of the old time physician-patient relationship and not destroy it.

MEMBERSHIP DATA—Members in good standing as of April 30, 1948. 9,735

Added during the year:		
New members	608	
Reinstatements	43	
Total added		651
Total		10,386
Dropped during the year:		
Died	147	
Moved away	181	
Resigned	20	
Dropped for non-payment of dues	114	
Expelled	0	
Duplicates in file	9	
Total dropped		471
Net Total, April 30, 1949		9,915

FINANCIAL REPORT OF THE SECRETARY

Receipts from County Societies

Adams	$ 1,045.00	Champaign	1,665.00
Alexander	190.00	Chicago Medical Society	85,772.00
Bond	130.00	Christian	435.00
Boone	215.00	Clark	120.00
Bureau	785.00	Clay	160.00
Carroll	150.00	Clinton	360.00
Cass	260.00	Coles-Cumberland	590.00
Crawford	335.00	DeKalb	580.00
DeWitt	200.00	Douglas	430.00
DuPage	1,475.00	Edgar	210.00
Edwards	70.00	Effingham	330.00
Fayette	190.00	Ford	210.00
Franklin	.00	Fulton	515.00
Gallatin	75.00	Greene	135.00
Hancock	215.00	Hardin	.00
Henderson	30.00	Henry	630.00
Iroquois	300.00	Jackson	335.00
Jasper	75.00	Jefferson-Hamilton	270.00
Jersey	.00	Jo Daviess	270.00
Johnson	84.00	Kane	1,815.00
Kankakee	1,030.00	Knox	669.00
Lake	1,070.00	LaSalle	1,415.00
Lawrence	135.00	Lee	575.00
Livingston	625.00	Logan	295.00
McDonough	415.00	McHenry	358.00
McLean	1,355.00	Macon	2,370.00
Macoupin	20.00	Madison	1,735.00
Marion	465.00	Mason	105.00
Massac	91.00	Menard	170.00
Mercer	70.00	Monroe	135.00
Montgomery	250.00	Morgan	856.00
Moultrie	70.00	Ogle	380.00
Peoria	3,065.00	Perry	180.00
Piatt	100.00	Pike	175.00
Pope	.00	Pulaski	70.00
Randolph	270.00	Richland	120.00
Rock Island	1,540.00	St. Clair	1,755.00
Saline	365.00	Sangamon	2,260.00
Schuyler	60.00	Shelby	270.00
Stephenson	495.00	Tazewell	535.00
Union	195.00	Vermilion	1,205.00
Wabash	.00	Warren	315.00
Washington	.00	Wayne	155.00
White	40.00	Whiteside	570.00
Will-Grundy	1,950.00	Williamson	495.00
Winnebago	2,235.00	Woodford	195.00
Total	$133,930.00		

RECEIPTS AND PAYMENTS—Fiscal Year Ended April 30, 1949.

RECEIPTS

Component Societies	$133,930.00
Less Benevolence Fund	38,582.50
Net Total	95,347.50
Subscriptions—Journal	275.73
Advertising—Journal	52,853.64
Exhibits—State Meeting (1948)	3,100.00
Exhibits—State Meeting (1949)	7,915.00
	11,015.00
Interest—Government Bonds	2,875.00
Dividends (C. & N. W. Ry. Co.)	62.00
Miscellaneous and Refunds	485.33

Total Receipts	162,914.20
Cash Balance, May 1, 1948	103,000.02
	$265,914.22

PAYMENTS

Secretary's Office Expense	$ 28,350.25
Council Expense	13,452.51
A. M. A. Meeting Expense	4,890.31
State Meeting Expense	17,360.54
Society Exhibit Expense	282.27
Legal and General Counsel Expense	11.76
Journal Expense	51,598.58
Fifty Year Club Expense	278.37
Secretary to Committees—Chicago Office	2,340.00
Committee Expenses:	
Advisory Committee to Illinois Public Aid Commission	10.00
Committee on Archives	3,481.36
Educational Committee	16,309.40
Advisory Committee on Child Health Service	60.10
Committee to Investigate Prepayment Plans for Medical and Surgical Care	1,434.71
Maternal Welfare Committee	963.46
Medico-Legal Committee	32.23
Committee on Medical Service and Public Relation	34,022.71
Committee on Medical Testimony	133.70
Committee on Military Affairs and Emergency Medical Service	385.57
Postgraduate Committee	2,457.04
Committee on Rural Medical Service	7,286.71
Scientific Service Committee	825.33
Tuberculosis Committee	197.08
Committee on Venereal Disease Control	17.00
Women's Auxiliary	189.93
Social Security Taxes	282.85
State Unemployment Insurance Tax	141.66
Federal Unemployment Insurance Tax	82.78
Refunds	32.00
Total Expenses	$186,910.21
Cash Balance, April 30, 1949	79,004.01
Total	$265,914.22

Respectfully submitted, HAROLD M. CAMP, M. D., *Secretary-Treasurer.*

FRED N. SETTERDAHL
Certified Public Accountant
224 Robinson Building
Rock Island, Illinois

May 2, 1949.

To The Members of The House of Delegates:
Illinois State Medical Society:

CERTIFICATE OF AUDIT

I have audited the accounts of the following for your Society for the fiscal year ending April 30, 1949:

Secretary's Office—Dr. H. M. Camp, Secretary.
Journal Office—Mr. L. E. Malley, Manager.
Educational Committee—Miss Ann Fox, Secretary.
Benevolence Fund—Dr. H. M. Camp.

SECRETARY'S ACCOUNTS:

Receipts: Dues received from Component Societies have been verified with duplicate receipts, the Master Ledger cards of each Component Society and compared with the Secretary's published report.

Journal Receipts have been verified with reports from the Manager and reconciled with the Journal Advertising accounts.

Bond Interest received was compared with Interest due on Bonds. Other receipts consist of Exhibit rentals, Journal subscriptions, etc. which were taken into account as recorded. All receipts are recorded on the Secretary's records and deposited in the depository bank.

Payments: Payments are made by check and are supported by approved vouchers, orders, etc.

All funds are deposited in the name of the Society and cash balances were reconciled with Depository Bank statements.

The Society has invested funds in U. S. Government Bonds amounting to $115,000.00 which are issued in the name of the Society. Also, the Society has 31 and 70/100 shares of common stock of the Chicago & Northwestern Railway Company. This stock was issued in lieu of the Bonds formerly held.

The accounts of the various Departments have been well kept, and in my opinion your Secretary's report represents the true transactions for the year.

The Council is furnished with a detailed report which agrees in totals with your Secretary's Report.

Respectfully submitted, FRED N. SETTERDAHL, *Certified Public Accountant.*

THE SECRETARY: I have a very short supplementary report relative to the American Medical Association assessment. You have all been hearing about this assessment and we have been accused of being somewhat dilatory about the payment on the assessment in Illinois. When I came in to Chicago two weeks ago I found a note from the American Medical Association saying that they had not received our assessment. I knew we had sent remittances monthly beginning with February first until April first. We made a very interesting discovery, that we had sent a check for $50,000 to the American Medical Association with an accompanying letter dated April 1st, which had not reached its destination. We immediately stopped payment on the check and sent another one for $50,000 and also one for $50,000 for the month of April. I am very happy to say that as of yesterday Illinois is credited with 63 per cent payment of the assessment.

You may be interested to know that California is the only large state Society that has a larger percentage of payment, 73 per cent. Colorado, a small state has 72 per cent, Pennsylvania, a large state, 55 per cent, New York, 38 per cent, Iowa with a small membership, 73 per cent. I still think that we should get at least 90 per cent of the entire membership of our Society to pay this American Medical Association assessment. I have a letter that was handed to me with a check for $25. It is so interesting that I wish to read it. It is not the first one that we have received and the American Med-

ical Association has received dozens and dozens of similar ones. "I am not a doctor but I want to help in this cause so that everyone may know about it." This man is a jeweler. The check has already been acknowledged by the county society and will be acknowledged by the State Medical Society and he will get a very nice acknowledgment from the American Medical Association.

None of this money is to be used for propaganda purposes. We have had many letters coming in asking if any of this money is to be used locally. It is not, it all goes to the American Medical Association. I want to call attention to the booth in the exhibit hall where we have a very fine line of pamphlets. Some of this material has been off the press only three or four days. It is set up under the supervision of the Bureau of Public Relations of the Illinois State Medical Society and the Educational Program of the American Medical Association. I hope you will all see it. There are some 18 different pamphlets and I hope you will help yourselves. As of May 1 we have sent in $150,000.

REPORT OF THE CHAIRMAN OF THE COUNCIL

Since the organization of the Council on the last day of the Annual Meeting in 1948, the Council has held seven meetings including the one at the Abraham Lincoln Hotel at Springfield on December 12. The rest of the meetings have been held at the Palmer House in Chicago. It has been a most tempestuous year for medicine in general with many turns that at first seemed frightening but as time proceeded, control was obtained and a little breathing spell seems now to have been allowed. There have been many activities of considerable importance before the Council during the past year and the interest and responsibility of every Councilor certainly deserves the commendation of this House of Delegates. When men, busy in the practice of medicine, with worries of socialized medicine constantly presenting themselves to them and with the future of all medical practice more or less unstable, when such men, leaders among their fellow men, elect seven times during the year to give up their practice and in many instances travel several hundred miles, sleeping on sleepers, and catching trains at most irregular hours day and night in order to give their services uncompensated for the furtherance of the highest standards in medicine in the State of Illinois, it must be recognized that they are making a real sacrifice and deserve credit therefor.

There has been a definite cooperation with the Chicago Medical Society and its Tuberculosis Committee in forming and urging the local and state legislation for tuberculosis. Many meetings have been held and definite progress has been made both as to the care, the political-medical relationship, and the cost per day per patient in the city areas as well as down state.

The letters which have been published by Dr. Harold Camp, our hard working and efficient Secretary of the State Society, have been interesting and educational and I feel should be continued in the future.

One of the outstanding activities during the past year was the two day session of the Rural Medical Service, under the direction of Councilor Harlan English of Danville. These two meetings were practically identical in program, the first being held on January 20 at Mt. Vernon, while the second was held the following day at Peoria. The faculty presenting the papers, reported at Mt. Vernon on January 20th, carried out the complete program there, then were transported in cars over icy and dangerous roads to Peoria where a similar meeting was held the following day. Attendance at these meetings was most gratifying including the representative laymen of the State. At these councils there was a panel on "Hospital Construction and Location" presided over by the Director of the Illinois Department of Public Health, Dr. Roland Cross. Mr. Frank A. Johnson, Vice President of the Chamber of Commerce at Mt. Carmel, spoke on the Wabash County part in the program. The Aledo Project was discussed by Mr. Albert McCutcheon of the Hospital Committee of the Board of Supervisors at Aledo. The Carthage Project was presented by Mrs. Mary F. Hartzel, President of the Memorial Hospital Association of Carthage. A second panel on "Tuberculosis, What Can Be Done About It?" was presided over by Dr. Clifton Hall of the Division of Tuberculosis Control of the State Department of Health. "Compulsory Health Insurance," a third panel, was conducted by Ralph H. Blodgett, Ph.D., Professor of Economics of the University of Illinois in Urbana, assisted by Dr. Harlan English. The fourth panel, "Crusade Against Cancer," was supervised by Dr. John A. Rogers, the Director of the Illinois Division of the American Cancer Society. Dr. Charles F. Sutton, Chief of the Division of Local Health Administration of the Illinois Department of Public Health, conducted the discussion of "County Health Departments, What They Cost and What They Do." The panel on "Opportunities of Medicine and the Allied Professions such as Pharmacy, Dentistry, Nursing, and Laboratory Technicians" was presented by Dr. H. M. Hedge, assisted by Dr. L. J. Murphy of the Murphy Laboratories of Chicago, and Mrs. Mary Falk Bleeker, R. N., Assistant Executive Secretary of the Illinois State Nurses Association. Many favorable comments have been received on these two days of Rural Medical Service, and its results, we are sure, were in the form of a very desirable public relations work.

The Nutrition Meeting, held on July 12 at the Union League Club under the direction of Dr. G. C. Otrich of Belleville and Dr. John P. O'Neil of Chicago, made its place in the medical record of Illinois during the past year.

The Secretaries' Conference in Springfield at the Abraham Lincoln Hotel, December 12, was an outstanding success. Secretaries from all over the state, many of the Presidents, and, in some instances, active workers from County Societies attended this meeting. It was the second conference of this sort and lived up to the reputation of doing a real work in appraising the local medical officers of the work that was being done by the State Society and the Council.

Much interest this year was evinced at the Interim Session of the American Medical Association at St. Louis where the twenty-five dollar special assessment

was levied. Many inidividuals over the State have inquired as to how this money, which will amount to something in the neighborhood of $3,000,000, was to be spent. For their information, we will say that the American Medical Association has appointed a Coordinating Committee designated "For the protection of the people's health." This committee comprises Dr. Henderson of the American Medical Association Board; Dr. Sensenich, President of the American Medical Association; Dr. Lull, Secretary and General Manager of the American Medical Association; Dr. Hamilton of Illinois; Dr. Gunderson of Wisconsin; Dr. Martin of Virginia, of the Board of Trustees; Dr. Cline of California; Dr. Robinson of Arkansas; and Dr. Bates of Pennsylvania, of the House of Delegates. In order to facilitate speedy action and avoid the necessity of calling the entire Coordinating Committee from their various residences, an Executive Committee was elected from this group which comprises Dr. Henderson, Dr. Sensenich, Dr. Klein and Dr. Hamilton.

One of the outstanding events of this year was the selection by a secret committee of the outstanding general practitioner from Illinois, who was recommended at the Interim Session as Illinois' representative for the outstanding general practictioner of the United States. The man selected was Dr. Lee Turner Hoyt of Roseville, Illinois. The committee making the selection was appointed by the Chairman of the Council and consisted of five practitioners from the State, none of whom were members of the Council. Dr. Hoyt will be presented with the Illinois certificate of commendation properly inscribed at the Meeting of the House of Delegates at the annual session in 1949.

The Committee on Arrangements for the 1949 Annual Meeting, with Dr. M. M. Hoeltgen as Chairman and Dr. Walter Bornemeier as Vice-Chairman, has been most successful in making arrangements for this general session. Their committees were appointed early and have worked hard in preparation of the details of this meeting.

The Medical History Committee, under the Chairmanship of Dr. James Hutton, has been active and is progressing satisfactorily. The activity, however, has been somewhat reduced in view of the other important activities and financial necessities during the past year. Dr. Berghoff in his Postgraduate Committee has completed the full allotment of twelve Postgraduate Conferences over the State and has achieved an enviable record in the quality of the papers presented and the attendance at these conferences.

The Crippled Children's Committee was increased one member by the authority of the June 6 Council and now includes Dr. Gerard Krost, the Chicago pediatrician, who is an authority on this type of work.

Dr. Lull has notified the Illinois State Society that at this House of Delegates, due to the increase in the number of memberships in Illinois, we will be entitled to one more delegate to the American Medical Association Convention to be held in Atlantic City. This will make our delegation ten in all.

The Council took one step in efficiency this year inasmuch as the Council meets but six or seven times a year or on the average of once every two months of authorizing during the interim periods the President, the President-Elect, the Chairman of the Council, the Secretary, and the Chairman of the Finance Committee to act as an authoritative committee on any matters which would of necessity be taken up between the meetings of the Council, all actions of this committee to be referred for final approval to the Council.

Roland Cross, Director of the Department of Public Health of the State of Illinois, has been mentioned many times in the Council reports for his cooperative attitude in programs and policies in which the State Society and the State Department of Public Health were to be joint participants.

One complaint which has been registered twice during the past year and which should be taken into account by every County Society and every practicing physician throughout the State is that transients passing through a community and needing medical care regardless of their financial ability to compensate should be given the best medical care possible as a matter of good public relations. Provision should also be made by every community for the care of such cases or emergency cases which might arise on the Wednesdays or Thursdays when the physicians are away from their offices obtaining a short breathing spell from their very busy life. These points are very important especially at this time and have been mentioned and discussed frequently in the Council.

The Journal Committee and the Editorial Board in joint session awarded the two best papers during the past year to Dr. Bert I. Beverly and Dr. Kenneth L. Roper. Unfortunately, Dr. Beverly died suddenly before the award was issued but the committee decided to give the award posthumously to Mrs. Beverly as it had been fairly granted to Dr. Beverly before his death.

Mr. James C. Leary, Public Relations Officer for the Illinois State Society, has conducted a very marvelous work during the past year and at the last Council meeting was assigned the title of Director, Public Relations Bureau, Illinois State Medical Society. His work on the cards for the speakers on Compulsory Sickness Insurance has been most favorably received and requests for them have been made by nearly half of the states of the Union. Whitaker and Baxter and the officers of the American Medical Association have commented on their completeness and quality and offered congratulations to the State Society for this work. These cards, some fifty-seven in number, are of 5 x 8 size so that they may be used by a speaker to compile his notes for addressing either lay or medical audiences. The information will be kept up-to-date by supplying new cards to take the place of the old ones as the more recent information comes to light. All the statements made on these cards show the authority from which received and can be used with perfect confidence by anyone so called upon to address an audience.

The Educational Committee under Dr. Charles Blair and with Miss Ann Fox, who is the full time secretary of this Committee and who has had the honor during the past year to be invited to become a member of the Illinois State Press Association, the Publicity Club of

Chicago, and the American Public Health Association, has produced very commendable results by their programs during the past year. They have sent out over 145 speakers upon request from all over the State, have put on radio programs, television programs, published health talks which have been supplied to hundreds of newspapers over the State and have been sent to various clubs and organizations as authoritative medical releases. They are to be congratulated upon the scope of their work and upon the newspaper publicity received for the Illinois State Medical Society and the public relations that have been evidenced by the requests from Parent-Teacher Associations, women's clubs, and various other educational organizations.

This report would be incomplete if we did not offer our congratulations to the Chicago Medical Society as one of our component societies for the broad results obtained by their Clinical Conference. Each year it is thought that the zenith has been attained and that it has been the biggest and best conference possible. But this year surpassed them all. Each program is full of information and is a complete refresher course for those who attend. During the Clinical Conference this year there was a total of 2,825 physicians in attendance, sixty-seven of whom came from foreign countries. The Chicago Medical Society is certainly to be congratulated on its evergrowing project.

Dr. Earl Blair, Chairman of the Committee on Military Affairs and Emergency Medical Service, which committee replaced the old Veterans Committee, has been very active all year, has had several conferences and attended the conferences at the American Medical Association March 21. The Chairman was a visitor to Philadelphia this year in order to get the details of the Philadelphia Plan which has been considered probably the most complete of all the plans to cope with catastrophic disasters.

The Illinois Public Aid Committee, under Dr. Everett Coleman, has been a good indication of what can be accomplished when the Medical Society joins forces with State organizations or commissions to work for the benefit of the needy public throughout the State. The Illinois Public Aid Commission has met on the Saturday evening previous to each Council meeting and has considered many cases over the State where the needy have been furnished care by the State funds. It is a pleasure to work with the Commission, and the Chairman of the Council has had the satisfaction of sitting in with each of these Commission meetings and having some voice in the decisions made.

The Wayside Press is still publishing the Illinois Medical Journal and Mr. L. E. Malley is most satisfactorily filling the office of business manager. Mr. Malley keeps his eyes open to all the different journals published throughout the country, making various trips down east and elsewhere to make personal contacts for advertising, and with his ability we feel that the Illinois Journal stands second to none in the Nation. During the past year more pictures have been published, a better grade of paper has been used, new general headings placed where old headings were inadequate, and several new departments have been introduced. The magazine at the present time looks like a magazine, feels like a magazine, and needs no apologies from any source. The Council approved the selection of Dr. Theodore R. Van Dellen as Associate Editor of the Journal and his services were added to the editorial force as of April 1, 1949.

The Survey of the American Academy of Pediatricians, as presented by Dr. Poncher, who spent untold hours of hard labor in its production, presented a voluminous copy of the entire proceedings to the Council and it is now under consideration as to what are the best methods of its publication.

Some County Societies may wonder how their checks to the State Office have been handled for the payment of their assessment to the American Medical Association. This matter with the approval of the Council was taken up with Dr. Lull, Secretary and General Manager of the American Medical Association, who authorized that all checks sent to the Illinois Office be stamped "Paid to the National Bank of Monmouth, American Medical Association, Harold M. Camp," and deposited in a special account in that bank. As this fund accumulates in the bank the Secretary-Treasurer remits direct to Dr. Lull of the American Medical Association thus simplifying the bookkeeping both for the State, County, and the American Medical Association.

It may be noticed that due to the increased expenses and the many new demands made upon the cash balance of the State Society there is somewhat less in the Treasury at this time than usual. This is only a temporary affair and the Society is still completely solvent and able to take care of any obligations which may be drawn upon the Treasury.

Several of our down state doctors, including Dr. Coleman, have had long conferences with Senator Scott Lucas who has expressed his interest in the medical viewpoint of his home state physicians.

In making talks over the State, the Chairman of the Council has frequently asked the question, "Can anybody in the audience supply one name or one instance of refused or inadequate medical care?" and in the many instances only one such case has been supplied, and when that case was investigated it was found that the need, which was really not an emergency at all, was only for a period of less than five hours when ample medical care was furnished.

Several quarters over the State have asked for Council approval of Health Improvement Associations and inasmuch as this was in accord with the policy of the State Council such approval was granted.

Conferences with members and officers of the Illinois State Medical Society have been held with Whitaker and Baxter of One North LaSalle Street, Chicago, who have been employed by the American Medical Association and who are conducting a campaign of education throughout the country. We feel that their efforts are expanding and that the cause for which they were employed is under good supervision.

There is a meeting now under consideration which has had the approval of the Council in which fifty or more interns completing their training in the Chicago hospitals and who come from down state residences

will be invited to have dinner with officers and a committee from the Illinois State Medical Society. At this time they will have explained to them the advantages and methods of starting practice in the rural districts. They will be guests of the Society and we feel that this may encourage several of these men to locate in the distress areas down state, which are planned to be designated on a large map of Illinois by varicolored push pins.

Mr. Ed. F. Stegen has been of great assistance to the State in various capacities as a teacher of speakers, as a speaker at large gatherings, and has made a lasting and friendly impression everywhere he has appeared. The Council is very grateful to Mr. Stegen for his cooperation during the past year.

The work of the President, Dr. Percy Hopkins, this year has been both arduous and tiring, for, according to his reports to the Council, he has toured a large part of the State speaking on socialized medicine and voluntary prepayment health insurance. He has done a valuable work and has played a large part in the good will of our public relations.

Our President-Elect, Dr. Walter Stevenson, has done an outstanding work during the past year with the approval of the Council by bringing into closer relationship the ophthalmologist and the optometrist and we feel that there is better feeling being born as they are doing a happy work together in the schools where each, with respect for the other, is functioning for better health and vision of the school children of the State.

As Chairman of the Council, I wish to thank the various Councilors and the House of Delegates for their confidence in allowing me to preside over the Council during the past year. It has been a most enjoyable year and one in which those acquaintanceships which can be born only through service, hardship and hard work are by those same agencies welded into that form of friendship which last for life.

Respectfully submitted, HARRY M. HEDGE, M.D., *Chairman of The Council.*

REPORT OF THE COUNCILOR OF THE FIRST DISTRICT

The time has come for the Councilor of the First District to give his annual report to the Society.

This has been a quiet year in the district, as things have gone along with no dissention that has come to my attention.

Our membership has grown considerably, and particularly in the western portion, as several Doctors have located in the river Counties to fill a need that has been present for some time.

Last fall we had a very successful Postgraduate meeting at Rockford—with very good attendance, and a mighty nice program. We are now working on a Cancer Clinic to be held in Lake County, and plans should soon be formulated. These clinics are always well attended also.

At present we have two members of Kane County who are deserving of the 50 year button, and I expect to present them at the June meeting of the Society.

I have heard no serious complaint against the A. M. A. assessment, and believe the Doctors in the district will co-operate quite fully with the program.

We have also had several contacts with lay organizations on Compulsory Health Insurance, and wherever we have appeared—have been received quite well. The big interest seems to be in the question and answer period, and that to me shows that at least the people in this district are beginning to think for themselves. When the problem is presented as to what it will cost them, and not entirely what they will get—they see it from a different viewpoint.

All told the District is in good condition.

Respectfully submitted, L. J. HUGHES, M.D., *Councilor First District.*

REPORT OF THE COUNCILOR OF THE SECOND DISTRICT

The Second Councilor District of the Illinois State Medical Society has enjoyed a healthy year. In my visits to the different County Medical Societies I have been impressed with the enthusiasm for the Scientific programs and the awareness of the members of the economic aspects of the present day practice of medicine.

The reception of the idea of a Speakers Bureau has been most encouraging, and I believe every County Medical Society in the District has formed at least the nucleus of a Speakers' Roster for their communities. In one County Society the effort is so diversified that it has extended to a joint meeting of the doctors, industrialists and attorneys in the community. In all my communication with the various County Medical Societies I have stressed the fact that the Speakers' Committee should include a great many lay personnel.

The assessment fee of the American Medical Association has, I feel, been fully explained in the District and has been accepted with whole-hearted cooperation.

We have had some local problems in our District. The Councilor has been made aware of them and I feel that through cooperation we will work them out.

I have enjoyed meeting with various County Medical Societies, and have found the work as Councilor interesting and stimulating. I am very happy to report that I feel the Second Councilor District is in an active and healthy condition.

Respectfully submitted, JOSEPH T. O'NEILL, M.D., *Councilor Second District.*

REPORTS OF THE COUNCILORS OF THE THIRD DISTRICT

The Third District has for its constituency 6,128 physicians, as of March 1, 1949, who in fifteen branch societies constitute the Chicago Medical Society, the Medical Society of Cook County.

Combined scientific and business meetings were held from October to May by each of the component branch societies. The Central Society likewise held scientific meetings during these months at the John B. Murphy Memorial where outstanding speakers addressed the Society members.

AMERICAN CANCER SOCIETY. The Illinois Division of the American Cancer Society, Inc., under the able direction of Dr. John A. Rogers, has been very active in Cook County during the past year. Several chapters have been organized within the city based some-

what upon the geographical distribution of the branches of the Chicago Medical Society. The program of professional education has been continued. A five day course was held during January, 1949 and the seventh cancer refresher course was given during the first week of April. This program was conducted at Northwestern University Medical School, the University of Illinois College of Medicine, Stritch School of Medicine of Loyola and Mercy Hospital, the University of Chicago School of Medicine and Michael Reese Hospital.

Cancer detection centers are located at the Women and Children's, Henrotin, Grant and Mercy Hospitals, the approximately 6,000 well persons will be examined in these centers during the period of a year. If pathology is found, a report is forwarded to the family physicians.

A cancer exhibit is being prepared for installation at the Museum of Science and Industry. This exhibit will carry the cancer story to the public and will be seen by hundreds of thousands of people each year.

ANNUAL CLINICAL CONFERENCE OF THE CHICAGO MEDICAL SOCIETY. The fifth annual clinical conference of the Chicago Medical Society was held at the Palmer House in Chicago, March 1-4, 1949.

A total of forty speakers and medical authorities including some of the foremost teachers in America appeared before the conference.

The total registration was 4,507. Chicago physicians in attendance totaled 1,973; out of town physicians in attendance totaled 852, making a total of 2,825 physicians registered. Allied professions (nurses, technicians, pharmacists, etc.) totaled 390.

There were 55 scientific and 617 technical exhibitors; guests, students, etc. registered, total 620. There were sixty-seven physicians from Canada and foreign shores registered. Thirty States from California to Virginia were represented. The General Chairman, Dr. Fred Muller, and Dr. Warren W. Furey who presided during Dr. Muller's illness, are to be congratulated.

THIS WEEK IN CHICAGO MEDICINE. The mailing list of This Week in Chicago Medicine has continued to grow. Hospitals and medical schools in Canada and Cuba have been added, upon request, to the original list. Many individual physicians, who have come to Chicago for special study or simply for vacations, have requested that they be sent the listings while guests in the city. It has been gratifying that physicians from other countries (including Spain, England, South America, and Canada) have used this service while in Chicago.

This Week in Chicago Medicine has been released weekly since its inauguration and has received favorable comment in the Journal of the American Medical Association, numerous city and state Medical Society publications, as well as hospital staffs and individual physicians from other states.

This weekly listing of the numerous medical activities in Chicago has demonstrated to the profession that Chicago is surely one of the great medical centers of the world.

VOLUNTARY PREPAYMENT MEDICAL PLANS. There are two accepted voluntary prepayment medical plans operating in this District, namely (1) The Chicago Medical Service (Blue Shield) and (2) The Illinois State Medical Society Prepayment Plan.

(1) The Chicago Medical Service was organized in January, 1948. From the period of January until June, 1948, the contract and operative details were worked out. The first enrollment became effective for the Chicago Tribune group on June 28, 1948.

At the end of February, 1949 there were 66 groups enrolled in the plan. By the first of July, 1949, based on present indications, there should be well over 100,000 persons covered by Chicago Medical Service.

The average cost per case in running approximately $45.00 at the present time and it is predicted that this will increase slightly as the enrollment increases.

The plan is operated on a non-profit basis and the Board of Trustees receive no pay for their services rendered.

(2) The Illinois State Medical Society Prepayment Plan has the following commercial insurance companies participating:

a. Aetna Casualty and Surety Company, 120 South LaSalle St., Chicago.
b. Illinois Mutual Casualty Company, Peoria.
c. Metropolitan Casualty Insurance Company, G. H. Poulson and Company, 69 West Washington, Chicago.
d. North American Accident Insurance Company, 209 South LaSalle St., Chicago.

It is estimated that there are about seventy-five or eighty thousand contracts in force in the State that have been written by these four companies. One of the companies recently approved by the Illinois Plan is especially active and earnest in its endeavor to provide a very extensive coverage through the State and is writing contracts on an individual basis as well as on a group basis. It is felt that this is a laudatory effort and will help considerably in solving one of the problems with which we have been confronted.

REPORT ON PLANS FOR A PERMANENT HOME. The plans for securing a permanent home for the Chicago Medical Society are progressing very favorably.

Special meetings have been held in two of our branches for the purpose of providing information and stimulating interest in the project. In both instances, the branch approval was given.

At the October meeting, the Council of the Society endorsed and approved a plan to levy a special assessment of $125.00 to be paid over a period of five years. Since the A.M.A. assessment of $25.00 was thought to have priority over other matters, notices of our special assessment were postponed and will be in the mail the first of June.

The need for this home becomes more and more apparent daily. The Institute of Medicine has indicated a good deal of interest in our project and, because of their need for additional space, might find the building suitable for their needs.

In 1950 our Society will be one hundred years old and

there still lurks the hope that something positive and definite might be done at that time.

COMPULSORY HEALTH INSURANCE OR NATIONALIZATION OF MEDICINE. A Committee on Medical Service was appointed by the Council of the Chicago Medical Society in December, 1948, with Dr. Warren H. Cole as Chairman. The Committee has adopted five major policies to combat Compulsory Health Insurance or Nationalization of Medicine, namely (1) encourage dissemination of information to doctors and their friends, (2) expand hospital and medical insurance, (3) take advantage of every opportunity (including speeches, literature, etc.) to inform our lay friends, (4) obtain resolutions from lay groups and (5) get everyone to write letters to Senators, Representatives and even the President of the United States.

A pamphlet containing factual data is being distributed to all the hospitals of the Chicago area for their distribution to the staffs.

Pamphlets are being prepared for distribution to patients in doctors' offices as a means of getting information to the public.

Each branch society has proceeded with a program of its own. The North Suburban and Aux Plaines Branches have perhaps taken the lead in their local campaigns, which consist of contact with local clubs and societies, and instructions about writing to Washington, etc.

The South Chicago Branch has developed a Speakers' Bureau with Dr. Harry Timm, a ward committeeman, as chairman. Their efforts are to be confined to the boundaries of the branch, which is a highly populated industrial area of many nationalities.

Dr. Cole and his Committee are untiring in their efforts in this worthy cause and they are to be congratulated.

COOK COUNTY FAIR. The Chicago Medical Society had an exhibit at the Cook County Fair at Soldier's Field August 27 through September 6, 1948. This was well attended and much interest shown by the lay people.

NUTRITION. The Second Annual Meeting on Nutrition, sponsored by the Chicago Medical Society and cooperating organizations, was held at the John B. Murphy Memorial Amphitheatre, Chicago, October 13-14, 1948. The program was planned to bring to the public information concerning all phases of nutrition with emphasis on health and economic aspects. An outstanding group of speakers was secured to present the program and to answer questions from the audience during the round tables at the close of the afternoon sessions.

POSTGRADUATE COURSES. A course in Hematology and Urology was given in September with 60 physicians attending from 16 different States. The second course in Cardiovascular and Respiratory Diseases was given September 20-25 with 84 physicians from 19 different States. Twenty-one physicians took both courses. Two courses are now being planned which will be given October 17-29.

COOK COUNTY HEALTH SERVICE. A special Committee from the Chicago Medical Society was appointed to study this Survey. The Committee has worked diligently through the past year going through a great mass of material and the recommendations which were made in the Survey.

CHILD HEALTH. The Parent Teacher Association with the voluntary help of Chicago physicians has for years sponsored the Summer Round Up, a program of physical examinations for primary school children. The Committee, headed by Dr. John L. Reichert, has reported to the Council of the Chicago Medical Society the progress which has been made.

A.M.A. $25.00 ASSESSMENT. A large majority of the membership of the Chicago Medical Society have paid their $25.00 A.M.A. assessment. Educational material is being sent to the delinquent members in the hope that they will see the light.

The Council has continued to support the efforts to reduce tuberculosis to a minor health hazard. The present movement along that line was started by the Chicago Medical Society in 1944. It has attracted the support of seventy-odd non-medical organizations now representing a very large segment of the State's population. This group was originally organized as the Chicago-Cook County Committee for the Eradication of Tuberculosis. Since the movement is now state-wide, the name has been changed to the Committee for the Eradication of Tuberculosis, or the Eradication Committee.

This organization illustrates what a great influence medicine can exert when it undertakes a positive health program. This matter is discussed at greater length in the report of the Medical Service and Public Relations Committee.

It has been a pleasure to have served on the Council the past year and especially so under the masterful guidance of the Chairman, Dr. Harry M. Hedge.

Respectfully submitted, OSCAR HAWKINSON, M.D., ARKELL M. VAUGHN, M.D., F. LEE STONE, M.D., WADE C. HARKER, M.D., HARRY M. HEDGE, M.D., H. PRATHER SAUNDERS, M.D., *Councilors Third District.*

REPORT OF THE COUNCILOR OF THE FOURTH DISTRICT

It is certainly a pleasant duty in reporting on affairs of the Fourth District to note that interest and participation on the part of members in County Societies has definitely increased during the past twelve months.

This district has for a long time found within its border several component Societies that have been very active throughout the whole time each year. There are two counties because of small membership that have no regular scientific meetings. The Physicians, members in these counties have attended adjoining county meetings, fairly well.

There are two counties within the Fourth District that have certainly stepped up their tempo and whereas heretofore, meetings of a rather desolatory character were carried on, today meetings with real sparkle and excellent scientific programs are well attended and looked forward to with unusual interest.

The knowledge of the individual physician in this district concerning the threat of Socialization has re-

ceived a great deal of attention during this year. The number and character of talks and addresses that have been arranged by the local Societies on this subject for lay groups is indeed quite gratifying. The value of the efforts of the individual Physician in enlightening the patient in his office each and every day has awakened great interest in the clientele. The number of physicians in the Fourth District who have put this plan efficiently into practice has been a great surprise and a great satisfaction.

It is very probably true that on the whole the lay population of this Fourth District has been at least awakened to the dangers to themselves of socialization of medicine. No portion of the district has been overlooked in the distribution of information and literature by the Physicians. The labor organizations, the farm groups, as well as other like bodies have been contacted at the level of their lowest units and considerable action against this menace as well as favorable sentiment for the continuation of individual enterprise has been the result.

It is with considerable pride that the district's status of practice has been such that no mal-practice suit has been entered in any court within the past twelve months. And in this connection it is to be remembered that this district includes the largest industrial centers outside of Chicago.

In Mercer County a new hospital is nearing completion with about 75 beds in Aledo. Also in Hancock County at Carthage, a new hospital is soon to be ready for use. These institutions will serve communities that have long been in need of such facilities.

The required examination of school children and of High School athletes has been a problem requiring considerable constructive planning throughout the district. For the most part the work has been carried out satisfactorily and with the idea of inculcating in the minds of the youth the fact that the medical man, making the examination, is interested in them as individuals, and is not just rushing them through of necessity. Each county unit has determined how the examinations in its schools shall be conducted.

Your Councilor has attended all the meetings of the Council of the Illinois State Medical Society and has been active as Chairman of the Educational Committee, and as a member of the Committee on Prepayment Medical Care Plans, and on the Committee on History. He has attended all meetings of the Council and has served as a member of its finance committee.

There are in this district 541 members of the Illinois State Medical Society, represented in the House of Delegates by 14 delegates. In this district there are a few practising physicians who are not members of the State Society.

Your Councilor desires to express his appreciation and sincere thanks to the officers of the eleven component societies and to their individual members for their expressed and manifested cooperation in all activities. It has been a very pleasant duty to be associated with the members of the Council and with the members of the various committees. The benefits acquired by the Councilor as an individual are fully recognized and it is his hope that these have been reflected, at least in a small degree, to the individual of the district for the more enjoyable practice of medicine.

Respectfully submitted, CHARLES P. BLAIR, M.D., *Councilor Fourth District.*

REPORT OF THE COUNCILOR OF THE FIFTH DISTRICT

It is evident that many changes are occurring in medical practice throughout the country. Whether or not these changes will prove beneficial only time will tell. In the Fifth District physicians are busy and hospitals are overcrowded but there is no real shortage of physicians. With very few exceptions all communities seem to have as many or more physicians than before the war. More of the younger men are entering the specialty fields without previous experience in general practice. Medical society meetings are held regularly except in some of the counties where the membership is small. A Postgraduate Conference was held in Pekin in December with an excellent program and good attendance.

The assessment for the benevolent fund is being paid without objections. Certainly the profession should be willing to contribute to an endowment fund for those few members and their families who are in actual need of financial help. The assessment for the American Medical Association is being paid promptly and with very little objection. Some members think the plan is good but may be too late. The profession stands firmly opposed to compulsory health insurance yet is reluctant to carry on an aggressive campaign against the measure. Some definite program of instruction of senior medical students in problems of general practice should be undertaken by the medical colleges. More definite training in medical economics would be desirable.

The committee on Rural Health is doing a new and constructive piece of work. We should give our support to this work. If it can win the support of the farm organizations it will have made a valuable contribution to the profession. The profession needs the support of the public if we are to maintain our liberty and freedom in the practice of medicine. This can best be achieved by educational means.

Three counties in the Fifth District, McLean, DeWitt and Montgomery, now have county health departments. By active support of these county units the profession can help itself and the public. More and more the public is becoming health conscious and the profession should guide the program of instruction along that line. Since physicians are reluctant to educate the laity in matters of health great good can be accomplished through the health educators of the county health departments. The health educator is usually a college graduate with a master's degree in public health. Such a person has abundant opportunity to contact women's clubs, luncheon clubs, school teachers and various organizations. If the profession will give hearty support to the local county health units much good can be accomplished.

Respectfully submitted, RALPH P. PEAIRS, M.D., *Councilor Fifth District.*

REPORT OF THE COUNCILOR OF THE SIXTH DISTRICT

The good fortune of having President-Elect Stevenson in this district with his wide acquaintance and close contact with the physicians and their activites has made it easier for the present Councilor. Interest in the program of Organized Medicine in maintaining its position and integrity is high. Many County Societies have held special meetings on this subject. Special procedures to acquaint the general public with the realities of the situation have been carried out by some societies, notably Pike County. Increased activity in this respect is anticipated.

The Councilor has attended meetings in all but two of the counties. He hopes to make those before the Annual Meeting. Special scientific programs over the District, such as the Postgraduate Conference at Alton June 3, the Symposium on Heart Disease at Quincy November 4, the Cancer Symposium at Jacksonville March 31, and the Postgraduate Conference at Quincy April 14, have all been well attended thus manifesting interest in the professional gatherings. Individual county meetings attended have had excellent programs. The dinner for President-Elect and Mrs. Stevenson at Quincy July 10 was the highlight of the social side though the opportunity to take part in other social gatherings of doctors both at the time of meetings and otherwise has been appreciated.

The Councilor is looking forward with pleasure to the further association with the officers and members of the Council and with the members of the local societies during the remainder of his term of office.

Respectfully submitted, F. GARM NORBURY, M.D., *Councilor Sixth District.*

REPORT OF THE COUNCILOR OF THE SEVENTH DISTRICT

It is a pleasure to report that during the past year the interest in organized medicine has increased materially in the eleven component county societies of the seventh district. Most all of the county societies have had regular monthly meetings, and have been quite active in both the scientific and economic problems of medicine. Being leaders in their communities, the members of the County Medical Societies have assisted greatly in the education of the laity on compulsory sick insurance. In some of the counties having smaller membership, the scientific meetings of the larger counties were well attended by them on invitation and were much appreciated. There are areas in the district where the need for additional hospital beds is great and many of the people hope the State Legislature will again make it possible to vote a tax to supply their one-third to build the needed beds and support them.

As Councilor, I have attended practically all of the meetings of the Illinois State Medical Society. The outstanding activity in the district the past year was the Postgraduate Conference at Centralia; the attendance was good; the program excellent; the speakers were well received by an enthusiastic audience. Marion County Society was a perfect host and entertained the attending physicians royally. Many expressions of commendation were received by those who attended. Your Councilor has attended a meeting of each county society which has regular meetings, and to which he has been invited. The County Societies have functioned quite smoothly and only minor problems have required the assistance of the Councilor, who wishes to express his thanks to the officers of the component societies for their support and cooperation during the past year, and hopes the entire membership will continue their interest both in scientific and economic medicine.

It has been a great pleasure to serve as Councilor representing the Seventh District and to have met members of the various component county societies, and to be associated with members of the Council.

Respectfully submitted, C. H. HULICK, M.D., *Councilor Seventh District.*

REPORT OF THE COUNCILOR OF THE EIGHTH DISTRICT

The individual county medical societies making up the Eighth Councilor District have all been extremely active during the past six months. The number of members has increased with newly arriving practitioners in the various counties. Nearly every county has made a very considerable effort to educate the citizens along the lines of the dangers presented by the enactment of compulsory health insurance. Public meetings have been held in Coles County, Champaign County, Douglas County, Vermilion County, at which times the implications of this type of legislation were explained. Many groups have been addressed by members of the profession, and our citizenry seems to be alert to the dangers involved. There has been very little hospital construction in our district during the year. More convalescent beds have been put in use.

The county advisory committees to the Illinois Public Aid Commission and other agencies spending public funds have been active, and to my knowledge not too much difficulty has been experienced in dealing with political subdivisions.

The Postgraduate assembly for the Eighth District was held in Danville on April 21 and an excellent program was presented.

Numerous men completed their fiftieth year in the practice of medicine and were awarded their fifty year gold certificates. Nearly all the physicians willing to work have had plenty to do, and except for two or three spots where additional personnel would be convenient there are no areas in desperate need of medical personnel.

Respectfully submitted, HARLAN ENGLISH, M.D., *Councilor Eighth District.*

REPORT OF THE COUNCILOR OF THE NINTH DISTRICT

All county societies of the Ninth District are functioning well. Meetings are held regularly, the attendance is good, and the programs have been excellent. The membership is at an all time high for this district.

With two exceptions, every society in the District has been visited. Some have been visited several times. I have urged the members to pay their A. M. A. assessment and some of the counties of this District are making their payments 100 per cent while others are near the 100 mark. I have also urged that they prepare their biographical forms for the historian.

We have had some very good meetings in this District during the year. An excellent Postgraduate Conference was held at Harrisburg on September 21, 1948 with a good attendance and a fine program. The Saline County Society is to be congratulated on this fine meeting.

The Southern Illinois Medical Association also had their annual meeting in the Ninth District which was held at Benton on November 4, 1948. They, too, had an excellent program with a large attendance.

There was a meeting at Mt. Vernon on October 15, 1948, celebrating the "Ground Breaking" for a one hundred bed tuberculosis hospital launched by the State of Illinois through the Public Health Department and is the first hospital of its kind to be built by the state. A tuberculosis hospital has long been needed in this section of the state. There was another important meeting held at Mt. Vernon, too, just recently on Rural Health Education, which was arranged and carried out by Dr. Harlan English and his committee.

The Six County Medical Society was entertained twice during the year by the Williamson County Society, also twice by the Franklin County Society. This Society continues to grow in interest and attendance.

A one day Cancer Symposium was held at Herrin on May 2, 1948 and was an outstanding meeting in interest and attendance. Another meeting of the same type is to be held again this year on May 26. The Cancer Clinic at Herrin is doing wonderful work and is serving a large territory here in Southern Illinois.

I wish to express my appreciation to the officers of the component Societies for their cooperation and assistance during the past year.

Respectfully submitted, C. O. LANE, M.D., *Councilor Ninth District.*

REPORT OF THE COUNCILOR OF THE TENTH DISTRICT

The strength of organized medicine is shown by the way the membership enters into the activities of their medicial societies. I wish to express my appreciation to the members of the Tenth District for their response to the assessment made by the A. M. A.

The number of meetings and attendance have been about the same as last year. We have a few counties with small memberships and are having difficulty arranging meetings and for these counties I suggest joint meetings for the scientific assemblies, each holding their county business meetings in their individual groups. There has been quite an increase in the memberships in some of our county societies, yet in some districts there are not sufficient doctors to give the people adequate medical care.

In the survey by the Department of Public Health of our State on the Community Hospital needs, the Tenth District ranked first in hospital needs and already three communities have started their hospital construction programs, namely Anna, Red Bud and Cairo.

Two students of the Tenth District (Randolph County) and one from Pulaski County have been chosen to receive student loan funds to finish their medical educations. The loan fund is sponsored jointly by the Illinois Agricultural Association and the Illinois State Medical Society. Under provisions of the loan fund, those selected must promise to practice at least five years after their internship in the community or county that sponsored them.

The enthusiasm of the Six-County Group is still running high and they are holding regular meetings with excellent programs.

I would like to express my appreciation and thanks to the doctors of St. Louis who have given so much of their time and knowledge in the presentation of scientific papers, which make the meetings in the Tenth District very outstanding. The same can be said for the men in Chicago who have been sent to us by the Educational Committee.

Another sign of the times is the organization of several Chapters of the American Academy of General Practice in this district.

In conclusion, I wish to say I am proud and grateful for the privilege of serving the members of the medical profession of Illinois and our Tenth District.

Respectfully submitted, G. C. OTRICH, M.D., *Councilor Tenth District.*

REPORT OF THE COUNCILOR OF THE ELEVENTH DISTRICT

It is with great pleasure that your Councilor reports that conditions of the Component Societies in this district are excellent. All of the Counties have regular meetings and the members show great interest in the problems of the profession.

As most of you know, your Councilor has taken on some additional work, however his interest in the State Society has not lessened and he has given approximately the same amount of time as before this additional work. He has attended the meetings in different County Societies as requested and has been available at all times. In addition he has attended practically all of the meetings of the Council and meetings of the Committee on Medical Service and Public Relations, the Committee on Medical Care of Public Assistance Recipients, and Prepayment Medical Care Plans.

It is with considerable regret that your Councilor reports that there was no Postgraduate meeting held this year in this district. But two societies approached did not feel that they wished to take on an additional meeting prior to the meeting in May. In accordance with their wishes the conference will be held in either DuPage or Will County early in the fall. Attempt is made to distribute these meetings in different parts of the district. Last year the meeting was held in Kankakee and Kankakee desired to hold it again this year but it was not thought advisable to repeat so soon.

There has been some difficulty with Medical Care of Public Assistance Recipients in one of the counties. Dr. English and myself attended a meeting with the County and both believe that the difficulty will be quickly cleared up.

Your Councilor wishes to express his thanks to all of the Component Societies for cooperation in the past year. He urges them to lead in the fight against Compulsory Health Insurance in the County Society as well as in the Illinois State Medical Society.

Respectfully submitted, E. S. HAMILTON, M.D., *Councilor Eleventh District.*

REPORTS OF THE COUNCILORS AT LARGE

Your Councilor-at-Large has had a very busy year due to many committments from the previous year and the activity on special committees. Have attended all the meetings of the Council as well as the various committees to which he was assigned.

The major emphasis of your Councilor has been directed to the activities of:

1. As Chairman of the Committee on Venereal Disease Control.
2. As a member of the Advisory Council of the Illinois Division of the American Cancer Society.
3. The Advisory Hospital Council of the State Department of Public Health.
4. As member of the Executive Committee of the Council of the Illinois State Medical Society.

The scope of the activities of these committees have furnished ample opportunity to study at close range the present trend of the Federal Government in an effort to control the medical affairs of the United States through the establishment of a "Welfare State" and an enlarged Social Security Department to be under the control of the Social Security Administrator with cabinet status.

Much of our efforts the past year have been productive of more heat than light. The fight is not yet won. It will require a more vigorous and better synchronized campaign in which the entire membership of organized medicine must be enlisted, in order to accomplish the ends desired.

Respectfully submitted, IRVING H. NEECE, M.D., *Councilor-at-Large.*

The past year has witnessed a tremendous increase in the activities of the State Medical Society. These have been necessitated by the changing political and economic situations in the state and country and by the increase in Federal attempts to regulate the public through the medical profession. In line with this the activities and responsibilities of the Council have been correspondingly increased. As Councilor-at-Large my responsibilities have been more in the line of committee activities rather than with work in the Fourth Councilor District which I once represented.

All meetings of the Council have been attended and also meetings of a great many other committees, a number of which have been on the same weekend with the Council Meeting. Most of these committee activities will be discussed separately under the reports of the various chairmen of these committees but they consist in part as follows:

Medical Service and Public Relations.

Professional Demeanor Committee.

Advisory Committee to the State Commission on the Care of the Chronically Ill.

Advisory Committee to the Illinois Public Aid Commission.

In addition to these, membership has been maintained in:

Advisory Committee to the Illinois Department of Health's Committee on Hospital Construction.

Advisory Board to the Division of Cancer Control of the Department of Public Health.

Professional Advisory Committee of the Illinois Division of the American Cancer Society.

It is felt important that members of the medical profession be adequately represented in these outside groups which have a great deal to do with medical problems.

Again referring to the problem of threatened socialistic legislation in Washington, attention should be called to the meeting recently held in Chicago analyzing the threat of the Wagner-Murray-Dingell Bill and methods which should be used to combat it. In this respect the profession should be reminded again and again of the importance of the doctor taking part in health affairs in his local community and developing medical leadership in all matters that have to do with public health. Incidentally in many other allied activities it is necessary to present the medical viewpoint at the local level and it is felt that this has been done very satisfactorily in many communities throughout the State.

Your Councilor has addressed literally dozens of small groups as well as a few large ones in numbers varying from 25 to over 200 in attendance and it has been found that when the medical viewpoint in reference to threatened Federal legislation is explained to the public that they are on our side and definitely opposed to any such legislation. They do not want any interference with their private choice of physician. I feel that at least in the rural areas of the state there is no demand for this type of legislation and a great deal of opposition to it. Almost all these organizations have voted to send resolutions to our representatives in the House and Senate asking them to oppose it. Incidentally one Senator has replied to these resolutions by sending some Federal Security Agency propaganda back. This propaganda sheet contains half-truths and deliberate misrepresentations and some organizations are already replying to the Senator calling his attention to these discrepancies and deviations from the truth.

Another recent problem is that of labor organizations wanting to have certain types of health and hospital care as part of their contract with the employer. The first and most comprehensive of these movements is that made by the United Mine Workers in their Retirement Health and Accident Fund which has now reached very considerable proportions financially. This fund is already being used for disabled miners and their dependents and employed miners are eligible to its benefits for major surgery. The plan is to be extended within six months to include all miners, employed or unemployed, and their dependents. According to reports received some time in the past it was thought their intention was to employ doctors on a full time basis and to construct their own hospitals and a certain amount of this may be done in some parts of the country. But the plan as applied to Illinois is said to have three objectives; to give adequate high grade care to the miner and his dependents, to have the medical profession receive reasonable return for services rendered, and to keep the Federal politicians out of it. The Welfare Fund Advisory Committee has recently asked the State Medical Society to appoint an Advisory Committee to see if some of the problems which will of necessity arise in this type of a new program can be solved

with a minimum of difficulty. The State Society has of course been glad to cooperate and the coming year will demonstrate what success has been obtained. The impression of those who are interested in this is that it is an excellent opportunity for the medical profession and organized labor to get together on a common ground and to have at least one labor organization which will be opposed to Federal intervention in the practice of medicine. The members of the medical profession are well aware of the fact that once medicine is regimented a similar treatment will be given to business and labor but many of the outstanding labor leaders have failed to grasp the significance. If by personal contact, we can show labor members that their problems and ours are practically identical we will have many more friends on our side in the coming legislative battles. It is hoped that this will bring about a continued and closer cooperation with the miner's organizations and the organized medical profession. Also that it will enable the miners to see that for the furtherance of their own program complete freedom from Federal intervention is necessary. It is quite probable that an arrangement can be made which will be satisfactory to both the miners and the doctors and to our mutual benefit.

This report marks the end of my membership in the Council of the State Medical Society and in retrospect it seems amazing to realize that twenty years have elapsed since I was first made a member of the Council. These years have marked a steady growth in the size and achievements of the Society. They have been during a period when an unbelievably large number of outstanding scientific achievements in medicine have been attained and they may even represent the "Golden Age" of the practice of scientific medicine in this country. Whether the years gone by represent this period or whether the real "Golden Age" of medicine is in the coming years depends very largely on whether or not Federal intervention can be avoided and this will depend to a great extent upon the degree of activity which the doctors of the state apply at the local level.

Respectfully submitted, E. P. COLEMAN, M.D., *Councilor-at-Large.*

Once again it is my privilege to report to you as Councilor-at-Large concerning activities of interest to the House of Delegates and to the membership at large.

(1) May of this year completes my second year of a five year appointment by the Mayor of Chicago as a member of the Board of Education. This Board is composed of eleven members, of which two are women —and only one member is a physician. Quite obviously this imposes upon me a grave and important responsibility and makes me the champion or mouthpiece of the medical profession, and the guardian of the various and sundry measures which continually arise concerning child health. It has been my pleasure during the past year to cooperate with Dr. John L. Reichert, the chairman of the Chicago Medical Society Committee on Child Health. I cannot stress too strongly my desire to be of assistance not only to this important committee of the Chicago Medical Society but to Dr. George L. Drennan's State Committee as well.

(2) During the past year, I have served on a number of committees such as the Committee to Study Alcoholism, B. C. G. Vaccine, etc., and I continue to be impressed with vast abount of time members of our profession are devoting willingly to public health and public welfare matters.

(3) Finally as Councilor-at-Large, it has been my good fortune to attend practically all meetings of the Council of the Illinois State Medical Society and to participate in the varied and sundry matters which come before that body.

Respectfully submitted, ROBERT S. BERGHOFF, M.D., *Councilor-at-Large.*

REPORT OF THE EDITOR

During the past year the *Illinois Medical Journal* has appeared in the mail and in your offices earlier each month than for a number of years. The March issue was in the mail on the 14th of that month, principally because the material for that issue was sent to the printers a few days earlier than usual.

The dead line, however, for material to appear in the issue of the following month, is the 14th, and it is much better to get all material to the Editor's office by the first of the month if it is to appear in the *Journal* for the following month. We receive reports each month which should be published, but unfortunately they arrive too late for the next issue of the *Journal,* and they are of but little value in later issues. Notices of meetings which are to be held should be received well in advance, if they can best serve the purpose through publication in the *Illinois Medical Journal.*

Some changes have been made in the appearance of the Journal during the past fiscal year—new headings, better paper, and some other changes which the Journal Committee believes has improved the publication as a whole. The Editorial Board and Journal Committee have held joint meetings at which time serious consideration has been given to the various problems which have been presented. It is still the general opinion that joint meetings are of great value, and do increase the interest on the part of both groups.

Following the last annual meeting the Journal Committee was given the responsibility of selecting and recommending to the Council a member to be designated as Associate Editor of the Journal. At the regular meeting of the Council in March, the Journal Committee recommended the appointment of Theodore R. Van Dellen, Chicago, for this position. The Council, by unanimous action, immediately approved the Committee's recommendation, and Doctor Van Dellen assumed this position on April 1.

Doctor Van Dellen has been Medical Editor and Medical Director of the Chicago Tribune since 1945. He is attending physician on the staff of several Chicago Hospitals, Associate Professor of Medicine, and Chief, Cardiac Clinic, Northwestern University Medical School. Doctor Van Dellen is a member of numerous medical and scientific organizations. He is intensely interested in the work of this Society and its *Journal,*

and as Secretary, then Chairman of the Section on Medicine, he was largely responsible for the arranging of the fine scientific programs which were presented at the 1947 and 1948 annual meetings.

The Journal Committee, being responsible for the acceptance of advertisements published in its columns, has given much thought and consideration to this important subject during the past year and the Committee has been most careful in the selection of new accounts. All actions of the committee, are subject to the approval of the Council, and up to now, so far as we can ascertain the recommendations of this committee have invariably been approved.

Many papers have been submitted for publication during the past year, and efforts have been made to select those of greatest general interest to the readers of the *Journal.* Unfortunately, however, many of these papers are too long, and frequently they have to be returned to the author asking that they be shortened. It is not advisable to publish extensive bibliographies with the paper, and it is rarely advisable to have several paragraphs of historical information, all of which is available to those desiring the information from other sources.

Bibliographies and other material can appear in the author's reprints, however, which information is given to the many inquirers regularly. It is the desire of those responsible for publishing the *Journal,* to publish in each issue as many papers as possible and likewise try to refrain from publishing too many papers by the same author during the year.

Short but interesting case reports are always desirable and are of much interest to the readers. Efforts are made to publish two case reports each month, so once more we ask for more case reports for publication.

County Society and Branch Society Secretaries are urged once more to send news items concerning their meetings, and other information of general interest to the membership of this Society. Information of this type will be published in the "News of the State" department regularly.

Once more we desire to call to the attention of the members of the Illinois State Medical Society the awarding of prizes for the best articles or scientific editorials published during the year. These are of two classes:

1. The best written article from a literary and scientific standpoint.

2. The outstanding piece of original work as presented in a paper or scientific editorial.

The Editorial Board and Journal Committee jointly review all papers and editorials published during the year, and make the selections for the two awards, following a plan which was adopted two years ago.

The *Illinois Medical Journal* is the official publication of the Illinois State Medical Society, and the Council under the By-Laws is responsible for its publication. It is the *Journal* of the members of the Society as a whole, and your suggestions and criticisms are solicited, and will be referred to the Journal Committee and Editorial Board for consideration at the joint meetings.

Mr. L. E. Malley, as Business Manager for the *Journal during the past eight years,* has been in charge of all business matters in connection with our *Journal.* His work has been outstanding and he is always anxious to receive instructions as to his duties and responsibilities. He meets with the Journal Committee and Editorial Board, and is always highly cooperative, and his desire like others in the *Journal* set-up, is to produce each month a better *Journal.*

Your Editor once more desires to thank the Editorial Board and the Journal Committee for their assistance and encouragement, and likewise the interest each of these men have maintained in their duties and their obligations to the Society and its Council to whom they are directly responsible.

As we have stated previously, all those who are interested in the publishing of the *Illinois Medical Journal* are always anxious to receive criticisms, or recommendations from this House of Delegates, and you may be sure that your suggestions will promptly receive a most serious consideration, for it is a mutual desire to publish a *Journal* which will be a credit to a fine Society and which will be of general interest to all its members.

Respectfully submitted, HAROLD M. CAMP, M.D., *Editor.*

REPORTS OF STANDING COMMITTEES

REPORT OF THE COMMITTEE ON MEDICAL SERVICE AND PUBLIC RELATIONS

The report of the various councilors and committees and of Dr. Percy E. Hopkins, the president, and Dr. Walter Stevenson, the president-elect, must have made it clear to members of the House of Delegates that public relations activities of this Society are being carried out on many fronts and by many members.

This committee has been busy with the tasks that came within its immediate purview, but Mr. John W. Neal, executive secretary, and Mr. James C. Leary, director of the Bureau of Public Relations, have been actively engaged in assisting other committees, councilors and the officers in tasks that fell to them or which they had the vision and foresight to assume.

It is not feasible to point out by name all who have busied themselves making friends for the profession or extending its fields of usefulness and service to society in general. However, particular attention should be called to the activities of Dr. Hopkins and Dr. Stevenson; Dr. Everett P. Coleman and the advisory committee to the Illinois Public Aid Commission are to be particularly commended. The Committee on Rural Medical Service under Dr. Harlan English has brought us closer to the agricultural interests of the state so that we understand their problems better and they realize that we are trying to help solve them within the framework of a free society, in order that both agriculture and medicine may be saved from the security police state envisioned by the federal planners.

The Committee on Voluntary Prepayment Insurance under Dr. Hopkins is seeking to work out with labor some prepayment plans agreeable to both parties. Labor is interested, as we are, in seeing that medical care of

the highest quality is furnished to its members and wants a plan that will provide such care without allowing the slimy hand of the Washington bureaucrat to control it. The Educational Committee, under Dr. Charles P. Blair, and its secretary, Miss Ann Fox, have maintained established functions at high level and added new ones, such as television, to the health education armamentarium.

The chairman has continued activities in connection with efforts to reduce tuberculosis to a minor health hazard in Illinois. We have found the public for most part willing to work with us.

Originally some 70 non-medical organizations, including various branches of organized labor, numerous women's groups and social agencies, joined with the tuberculosis control committee of the Chicago Medical Society to form the Chicago-Cook County Committee for the Eradication of Tuberculosis. The task of eliminating tuberculosis is much greater than the medical profession alone can accomplish and, in addition, the problem concerns every other member of society as much as it does the physician. The idea of forming such a committee originated with Mr. Leary, and he took an active part in its establishment. Eventually the committee's activities became statewide and, as its membership spread, the name was shortened to The Commitee for the Eradication of Tuberculosis.

As has been previously pointed out, the record of the State of Illinois in tuberculosis is peculiar. Because of legislative decisions made 40 or more years ago, control is vested in individual counties and the state as such has done almost nothing. County resources have been shown to be often inadequate, despite good work done in certain areas, and the problem has been partly one of persuading the state to play a more active part in the control of this disease. A great deal has been accomplished, with the cooperation of Dr. Roland R. Cross, director of the Illinois Department of Public Health, and the individuals and organizations making up the Eradication Committee.

The 65th General Assembly appropriated funds for new hospitals at Mt. Vernon, Savanna and Chicago. Work has been begun on the Mt. Vernon and Chicago institutions; the Savanna plan has been abandoned.

The suburban Cook County district—the semicircular area containing some 750,000 persons, hitherto unbelievably without a tuberculosis program—has now voted itself into a tuberculosis control district with an annual budget of about $1,500,000 and last November approved by a two to one vote a $6,000,000 bond issue to build hospitals. This vote, running counter to the widespread demand for tax reduction, indicates clearly how willing the general public is to follow sound medical programs proposed by organized medicine, if the problem is properly explained.

Meanwhile the tax levy of the Chicago Municipal Tuberculosis Sanitarium was increased 50 per cent and, more recently, the hospital has been thoroughly reorganized with the support of the Mayor of Chicago, the Honorable Martin H. Kennelly, and the Chicago Medical Society.

The program presented to the 66th General Assembly this year is in part incorporated in the budget of the Department of Public Health and enjoys to a ceratin extent the support of the administration. A representative group from the Society has presented the problem and the program in two conferences with the Governor of Illinois, the Honorable Adlai E. Stevenson. In general, this program includes provision for additional hospitals in Chicago and downstate, a state aid fund for counties unable to take care of their own problems and additional money to permit existing tuberculosis hospitals to expand their buildings or facilities to care for additional patients. It is too early at this date to predict just how the program will fare in the General Assembly. In any event, however, the lesson so far learned is that continued pressure by responsible organizations led by organized medicine will eventually produce sufficient funds to control tuberculosis. The lesson may well be applied to other problems.

THE NATIONAL EDUCATION CAMPAIGN. The Bureau of Public Relations in the last five months has concentrated largely on the Illinois phase of the National Education Campaign against socialization of medicine. Other activities have not been lost sight of, certainly, but the need is great for setting the Illinois program in motion, with all the wide range of new activities entailed. With the organization and training work completed, other activities will be re-emphasized.

A brief review will make the situation clearer. After the election of Nov. 2, when administration spokesmen were boasting of their "mandate" and promising compulsory sickness insurance, certain decisions were reached by the trustees of the A. M. A. regarding the need for action. These decisions were approved by the House of Delegates at the St. Louis interim meeting early in December. They included especially the $25 assessment and the employment of a national public relations counsel to organize and direct a National Education Campaign, together with the appointment of a coordinating committee from the A. M. A. officers, trustees and delegates.

While the broad outlines of the campaign were being formulated, headquarters established and a staff assembled, the officers of the Illinois State Medical Society called a meeting to formulate Illinois' role in the effort.

This meeting, held in Springfield Dec. 12 and probably the first such state meeting, successfully alerted county and branch officers to the task that would be imposed on them. A waiting period ensued. The national program was outlined by Whitaker & Baxter Feb. 12 in Chicago at a session attended by representatives of all state societies.

Immediately a second Illinois meeting was called for Feb. 27 in Chicago at which the whole program was interpreted by a series of speakers at the state level to representatives of county and branch societies.

The program of action rests in the last analysis on (1) speakers to reach every possible individual and explain the danger of socialization (2) pamphlets to reinforce that message and spread it further (3) resolutions condemning the compulsory insurance scheme by all in-

terested organizations and (4) individual letters from as many voters as possible expressing to senators and congressmen their disapproval of the scheme.

To meet the need for speakers several steps have been taken. First, a recruiting campaign has been started, seeking out competent speakers to be supplied with material and sent out as "minute men" to any audience large or small at any time. The response was generally excellent. Nearly 250 speakers all over Illinois had been lined up within 30 days.

Next, to meet the need for training and indoctrinating them, as well as providing them with exact information, Mr. Leary devised a set of "speaker's notes," mimeographed on pocket-sized cards. On these cards, the various data necessary to intelligent and accurate presentation of the subject were abstracted for ready reference and to save our speakers the time that would be required for research through the tremendous mass of available material. At the same time, new cards can be readily supplied, after the fashion of a loose-leaf encyclopedia, to answer new arguments brought forward by our opponents, to cover additional material on our side of the controversy or to substitute as later data became available or the bill S-5 is amended.

That these cards filled a deep need has been demonstrated by their reception. Not only did our own Illinois speakers find them immediately useful, but, as word of their existence got around, state after state asked for samples. They were freely supplied until more than twenty societies from Massachusetts to Hawaii and from Florida to Oregon had obtained them. Many followed up the first request with appeals for quantities up to 100, offering to pay for them. These have also been supplied at cost (approximately $1.00 per set). Other states asked for permission, which was readily granted, to adapt the notes to their own situations and reproduce them in quantity. From an original printing of 200 sets, the total rose rapidly to 700.

Meanwhile the task of setting up an intraoffice method of processing requests for speakers was undertaken. Careful records of all speaker's card-holders are kept for distribution of new or substitute cards. A permanent record of every Illinois speaker, the talks he delivers and any resultant action is filed on printed cards. A daily record of scheduled speakers is also maintained to prevent overlapping or confusion.

Long before this was accomplished, requests for speakers began to pile up and during March more than 40 meetings were organized. Many more of course were set up by individuals and, unfortunately, never reported. The flow of resolutions by interested organizations has also begun into the secretary's office. All meetings should be reported to the speakers' bureau, while resolutions should go to Dr. Camp.

At the same time, the continuing effort was begun to establish contact with all organizations holding conventions in any city of Illinois with the purpose of obtaining from them resolutions condemning socialization. Form resolutions were supplied by Whitaker & Baxter. There is no way to tell how many letters from individuals have gone to Washington, but the number must be large.

To date, it has been necessary to use existing pamphlets ("The Illinois Plan" and "The Blue Shield Plan" on prepayment insurance and "Doctors and Horses" on rural medical care) together with various reprints and leaflets available from the A. M. A. and the National Physicians' Committee. However, as the saturation point of such material is reached, new material will be ready from the Bureau of Public Relations, while Whitaker & Baxter, the A. M. A. and N. P. C. will have still more.

It is also planned, as soon as the first flush of requests for speakers shall have spent itself, to undertake a program of further stimulation of demand.

RURAL MEDICAL CARE. At the direction of Dr. English, the public relations counsel has publicized widely the three main events in the program of activities set up by The Committee on Rural Medical Service. First was the establishment of the Joint Medical Student Loan Fund by the Society in cooperation with the Illinois Agricultural Association, with the subsequent selection of three students for the first loans. The several news stories released on this series of events were probably printed in nine out of ten of the 800 or more daily and weekly newspapers of the state.

In addition to the press and radio of Illinois, which of course was our main objective, the story of this Fund was widely printed outside the state, and, in fact, all over the world. At least, Dr. Harold M. Camp, secretary, received one inquiry from Africa, where a young student insisted pathetically that, since one requirement of eligibility was being a native of one's home county, he was entitled to a loan since he is a "native." Both United Press and Associated Press found the Illinois program of extreme interest and also carried additional news stories developed by themselves with the assistance of Mr. Leary.

The Society also fared well with the series of releases centering around the selection of Dr. Lee T. Hoyt of Roseville as the state's outstanding general practitioner for 1948. In addition to several news releases widely used within the state, the Associated Press sent a photographer to Roseville for a series of pictures illustrating the life of a country doctor. These pictures were taken in March, but were not distributed until late October, just before the interim meeting of the A. M. A. House of Delegates at which he was *not* chosen as the national outstanding general practitioner.

In February of this year, Dr. Hoyt again cooperated with the bureau in permitting a tape-recording of his work which formed the basis of a seven-broadcast radio series on the country doctor on the "It's Your Life" program. Dr. Charles P. Blair, Dr. J. O. Firth, Dr. Camp, Mr. William Axline, Roseville druggist, and Mr. Fred Molgren, Monmouth General Hospital administrator, also aided on this project.

Two conferences on rural health problems set up by Dr. English at Mt. Vernon and Peoria also provided material for several more news releases on the Society's contributions to improvement of rural medical care. These releases were printed in practically every paper in the state, and enjoyed wide acceptance among the radio stations.

A new printing, with slight re-editing, of "Doctors and Horses," was forced to meet the demand for it, which still continues, though it has been in circulation since November, 1947. The A. M. A. has obtained and distributed several thousand of these pamphlets throughout the country. A total of 30,000 has now been printed.

Production of a new pamphlet bearing directly on socialization of medicine as it would affect rural medical care is now being planned, under Dr. English's direction.

The bureau also set up an exhibit which became part of the exhibit staged by the A. M. A. Committee on Rural Medical Service at the Annual meeting of the A. M. A. This illustrated the problems of rural medical care in Illinois and the 10-point program devised in Illinois to meet them.

OTHER ACTIVITIES. The level of public relations activities since the last annual report (April 1, 1948) was high at the beginning of the new year and rose rapidly after November 2, as indicated. The director of the public relations bureau, for instance, attended approximately 65 committee meetings or conferences of one sort or another, including 17 Saturdays or Sundays. Aside from our own annual meeting and those of the American Medical Association in Chicago and St. Louis, he was present at six meetings out of Chicago ranging from one to three days in length.

Separate news releases distributed totalled 31, fewer than the 40 of the preceding year, but total pieces mailed rose to 9,850, compared to 9,250. Clippings received as a result of these mailings nearly doubled, but an accurate count is impractical.

The increase, however, indicates the widespread and growing interest in the type of news release issued by the Society's public relations service and justifies the careful selection exercised to avoid wasting the time and energy of newspaper and radio editors by sending only what they, as experienced newsmen, would themselves choose as newsworthy. By maintaining such principles, it is believed that our news releases enjoy at least as high a rating as any other first-class news material among the many hundreds of pieces which pile up on every editor's desk each week.

The avid acceptance of news having to do with socialized medicine also bespeaks the deep interest in the costs and quality of medical care on the part of the general public.

Respectfully submitted, JAMES H. HUTTON, M.D., *Chairman,* EVERETT P. COLEMAN, M.D., EDWIN S. HAMILTON, M.D., *Committee on Medical Service and Public Relations.*

DR. HUTTON: This is a supplemental legislative report.

As this report is written, the 81st Congress has before it more measures relating to medicine, science and health than any prior Congress has had at a comparable time. These range in scope all the way from proposals for limited studies of certain diseases, to the highly controversial subject of national compulsory health insurance. Besides the administration's national health program, so called, there are the less revolutionary suggestions offered by Senator Taft and by Senator Lister Hill. Many of the pending measures are admittedly sound and workable, and confine themselves to areas of the health field in which it can properly be said that the Federal Government has a legitimate role. Among these are an extension of the Hospital Survey and Construction Act, tightening of the Pure Food, Drug and Cosmetic Act and the establishment of a National Science Foundation.

The Illinois General Assembly also has before it numerous good and bad bills pertaining to medicine and health. In the former category is a bill to replace the Hospital Authority Act, which would permit townships to join together to establish hospital facilities in areas of need. A similar bill was enacted by the 65th General Assembly, but was held unconstitutional on technical grounds. Three pending bills would enable the State of Illinois to make a much needed contribution to the fight against tuberculosis. Still other bills propose the compulsory pasteurization of all milk, further state-aid in the construction and expansion of general hospitals, and the elimination of cheap and harmful advertising in the field of optometry. Additional funds are to be provided to the Medical Center Commission, and a $6,000,000 State Cancer Hospital seems destined for early approval.

There has been no proposal for compulsory health insurance at the state level, and it would seem quite unlikely that any will be made at this session. The cult bills which the Society is opposing, Chiropractic and Naturopathy, are now at an alarming and critical stage. The chiropractic has been passed by the House, and must be defeated in the Senate if at all. The Naturopathy bills have not yet passed in either house, but are at the passage stage in both.

For several months, this committee and the Committee on Voluntary Prepayment Plans have been meeting and working with representatives of organized labor, A. F. of L., in an effort to reach agreement on revision of the Medical Service Plans Act to permit the establishment of consumer sponsored voluntary health insurance plans. The work which has been done thus far has been subject to the express understanding that it is subject to the approval or disapproval of this House of Delegates; and it has likewise been made clear that in the discussions we have spoken only for the medical profession, and not for hospitals, dentists, nurses or related groups.

On this subject, three bills are now pending in the Illinois House of Representatives, and the Committee requests the direction of the House of Delegates in regard to them. Two of the bills would amend the Medical Service Plans Act and the Hospital Service Plans Act, respectively, in such a way as to permit the establishment of voluntary health plans under the third bill, which is called "The Voluntary Health Services Plans Act." This bill, briefly, would authorize the creation and operation of consumer sponsored voluntary health services plans, which could include, in addition to medical services, coverage for hospital, dental, nursing and related health services. It contains no provision with respect to the participation of a majority of the resident practicing physicians, and physician representa-

tion on the governing boards would not be controlling. Specifically, the bill provides that thirty per cent of the board shall be doctors of medicine, and that all professional and scientific activities shall be under a Medical Director who shall be a doctor of medicine.

On the basis of a great deal of thought and study, the Committee recommends that the House approve these bills. The committee is under no illusion that they represent a perfect solution of the problem, but does believe that they are a step in the right direction, since the growth of any form of private voluntary health insurance, whether under professional or lay auspices, will help strengthen our defenses against national compulsory health insurance.

REPORT OF THE MEDICO-LEGAL COMMITTEE

There has been a gradual decrease in calls upon our committee during the past year. Most of these requests for assistance have come from men who unfortunately did not have medico-legal protection.

There have been the usual number of cases in which suit has been threatened unless bills for service be reduced or remitted. These cases are usually promoted and stimulated by the connivance of an attorney, and should be resisted in every possible manner since for the most part they constitute a method of blackmail.

Our attention should be directed towards the fact that in issuing statements relative to an individual's competency, the law requires that the patient be examined within five days from the date of issuing his opinion, one member having been brought into Court because of failure to do so.

There has been discussion of an effort to secure for educational and statistical purposes, a report of all cases of malpractice filed in our courts in the State. We recognize the difficulty in securing this information but it has been thought that it might prove valuable.

Again we would urge that no one in the practice of medicine be without adequate medico-legal protection.

Respectfully submitted, OSCAR HAWKINSON, M.D,. *Chairman,* A. L. NICKERSON, M.D., P. R. BLODGETT, M.D., F. E. BIHSS, M.D., DARWIN B. POND, M.D., RALPH McREYNOLDS, M.D., *Medico-Legal Committee.*

REPORT OF THE COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

THE GENERAL HOSPITAL SITUATION. In the August 14, 1948, issue of the *Journal of The American Medical Association* an excellent review is given of hospital service in the United States. The following summary of hospital data is given:

SUMMARY OF HOSPITAL DATA—1947

ALL REGISTERED HOSPITALS

Number	6,276
Bed capacity	1,425,222
Bassinets	86,378
Patients admitted	15,829,514
Births	2,837,139
Average daily census	1,217,229
Patient days	444,288,585

GENERAL HOSPITALS

Number	4,539
Bed capacity	592,453
Bassinets	82,303
Patients admitted	14,665,195
Births	2,756,959
Average daily census	456,761
Patient days	166,717,765.

The growth of hospitals from 1909 to 1947 is summarized in the table on page 40.

The following quotation from *The Journal of The American Medical Association* is of interest:

"Government hospitals declined in number from 1,962 to 1,917. This decrease occurred principally in the federally controlled group, which numbered 464 hospitals in the previous report and 401 in 1947; the city-county category also showed a decline, from 64 to 58. Total nonprofit hospitals increased by 24 during the reporting period and proprietary hospitals by 17, raising the total of nongovernmental units to 4,359, a gain of less than 1 per cent.

"Little variation from last year's figures is observed in comparing the data based on type of service rendered. Neuropsychiatric hospitals increased from 575 to 585, while tuberculosis sanitariums decreased by about the same number, from 450 in 1946 to 441 in 1947. General hospitals showed a gain of 18 over the previous report, perhaps fewer than would be anticipated. When the decrease in the number of federal hospitals is considered, however, this apparent slight increase appears more significant. General hospitals account for 70 per cent of all hospitals registered, neuropsychiatric for slightly over 9 per cent, tuberculosis sanatoriums for 7 per cent, and the remaining number is made up of several categories including maternal, industrial, eye, ear, nose and throat, children's, orthopedic, isolation, convalescent and rest, institutions, and an inclusive classification, 'all other hospitals.' The official list classifies those registered as hospitals and sanatoriums, and related institutions."

The total bed capacity of the hospitals in the country declined from 1,468,714 in 1946 to 1,425,222 in 1947, whereas the number of patients admitted increased from 15,153,472 in 1946, to 15,829,472 in 1947. The following comment from the article in *The Journal of The American Medical Association* is of interest:

"From the high point of 1,738,944 beds reported in 1945, the bed capacity in registered hospitals has declined to its present level of 1,425,222 beds, representing a further decline of 52,529 beds in the governmental group, primarily federal hospitals, and an increase of 9,037 in the non-governmental category. This compares with a loss of 273,984 beds in governmental hospitals, reported last year and a gain in nongovernmental hospitals of 3,754 beds for the same period. With federal hospitals as a whole reporting the decrease noted, the bed capacities of hospitals under Veterans Administration control gained slightly, with 102,235 beds reported as of July 13, 1948. City hospitals showed an increase of

	Federal Hospitals		State Hospitals		All Other Hospitals		Total	
	No.	Cap.	No.	Cap.	No.	Cap.	No.	Cap.
1909	71	8,827	232	189,049	4,056	223,189	4,359	421,065
1914	93	12,602	294	232,834	4,650	287,045	5,037	532,481
1918	110	18,815	303	262,254	4,910	331,182	5,323	612,251
1923	220	53,869	601	302,208	6,009	399,645	6,830	755,722
1928	294	61,765	595	369,759	5,963	461,410	6,852	892,934
1931	291	69,170	576	419,232	5,746	485,663	6,613	974,115
1932	301	74,151	568	442,601	5,693	497,602	6,562	1,014,354
1933	295	75,635	557	459,646	5,585	491,765	6,437	1,027,046
1934	313	77,865	544	473,035	5,477	497,201	6,334	1,048,101
1935	316	83,353	526	483,994	5,404	507,792	6,246	1,075,139
1936	323	84,234	524	503,306	5,342	509,181	6,189	1,096,721
1937	329	97,951	522	508,913	5,277	517,684	6,128	1,124,548
1938	330	92,248	523	541,279	5,313	527,853	6,166	1,161,380
1939	329	96,338	523	560,575	5,374	538,113	6,226	1,195,026
1940	336	108,928	521	572,079	5,434	545,238	6,291	1,226,245
1941	428	179,202	530	600,320	5,400	544,859	6,358	1,324,381
1942	474	220,938	530	606,437	5,341	556,452	6,345	1,383,827
1943	827	476,673	531	610,115	5,297	562,466	6,655	1,649,254
1944	798	551,135	539	609,025	5,274	569,785	6,611	1,729,945
1945	705	546,384	549	619,642	5,527	572,918	6,511	1,738,944
1946	464	264,486	557	628,363	5,259	575,865	6,280	1,468,714
1947	401	213,204	563	626,648	5,312	585,370	6,276	1,425,222

The number of hospitals has been grouped according to size as follows:

Bed Capacity	General Hospitals	Nervous and Mental	Tuberculosis	Other Hospitals	Total
Below 25	988	30	25	142	1,185
26- 50	1,083	85	78	205	1,451
51-100	977	71	125	182	1,355
101-200	788	46	94	110	1,038
201-300	322	31	47	44	444
Over 300	381	322	72	28	803
Totals	4,539	585	441	711	6,276

The hospitals were classified according to control as follows:

	Hospitals	Beds	Average Census	Bassinets	Births	Admissions
Governmental						
Federal	401	213,204	168,133	2,444	46,081	1,285,126
State	563	626,648	585,747	1,932	51,700	737,402
County	526	101,402	82,568	4,352	119,620	784,499
City	369	78,184	60,498	5,968	191,576	1,208,546
City-County	58	10,767	7,657	1,028	32,605	188,771
Total Governmental	1,917	1,030,205	904,603	15,724	441,582	4,204,344
Nongovernmental						
Church	1,051	141,920	118,780	27,145	969,653	4,524,859
Nonprofit Assns.	1,965	202,661	158,835	34,110	1,153,863	5,652,649
Individual & Partnership	984	28,325	18,303	6,137	166,363	848,082
Total Nonprofit	3,016	344,581	277,615	61,255	2,123,516	10,177,508
Corporations (profit unrestricted)	359	22,111	16,708	3,262	105,678	599,589
Total proprietary	1,343	50,436	35,011	9,399	272,041	1,447,662
Total Nongovernmental	4,359	395,017	312,626	70,654	2,395,557	11,625,170
Total all hospitals	6,276	1,425,222	1,217,229	86,378	2,837,139	15,829,514

1,650 beds; state, county and city-county institutions, on the other hand, indicated small decreases in their capacities. On the basis of currently available statistics, governmental hospitals now control 72.3 per cent of all hospital beds and the nongovernmental group 27.7 per cent; this compares with 73.7 and 26.3 in 1946 and 78 per cent and 22 per cent in 1945. It should be noted that 626,648 of the 1,030,205 beds under governmental control are located in state hospitals, largely of special types.

"The bed capacity of general hospitals continued to decline, with 641,331 beds reported in 1946 and 592,453 the past year. This decrease, however, should be interpreted in the light of the increase of beds in the nongovernmental group; these latter rose from a figure of 324,211 for 1946 to 334,569 in 1947. General hospitals now represent 41.6 per cent of all beds, neuropsychiatric hospitals 47.9 per cent, tuberculosis sanatoriums 5.8 per cent and other institutions 4.7 per cent. There was an appreciable gain in the number of neuropsychiatric beds during the period, from 674,930 to 680,913; this amounts to only about one-third the gain shown in these hospitals during the 1945-1946 period, however.

"The trend toward increased use of hospital facilities is seen in the greater number of admissions to registered hospitals reported for 1947. Notwithstanding an appreciable drop in the bed capacity, 4.4 per cent more patients were admitted than during the 1946 period. If nongovernmental hospitals alone are considered, the increase is over 10 per cent. Excluding the federal hospitals, all other groups showed an increase in their rate. Admissions to nonprofit organization hospitals rose from 9,198,159 to 10,177,508, an increase of 979,349 patients; this category now accounts for 64.3 per cent of the total number of admissions. The federal hospitals reported a decrease of 664,585 in their admissions; neuropsychiatric hospitals and tuberculosis sanatoriums in the federal group, however, indicated 3 per cent and 22 per cent increases. Governmental hospitals, with 72.3 per cent of bed capacity, had 4,204,344 admissions, or 26.5 per cent of the total; the nongovernmental hospitals, with 27.7 per cent of of the beds, had 11,625,170 admissions, or 73.5 per cent. The corresponding percentages in 1946 were 33 and 67. These statistics should be considered on the basis of the type of service involved. For example, federal hospitals of the general type, with 9.2 per cent of the total number of beds, admitted 7.4 per cent of the total number of patients, a more equable proportion. When the type of service offered is considered, increases were noted in practically all categories. General hospitals increased the number of patients admitted from 14,051,508 to 14,665,195, a gain of 613,687 patients. Appreciable decreases were noted only in admissions to the group classified as institutional, from 144,664 in 1946 to 140,276 in 1947; a part of this decrease may be accounted for by change of classification of the reporting unit. Admissions to tuberculosis sanatoriums remained about constant, with 99,741 admissions for the previous period and 99,080 for this year.

"Of every 1,000 patients entering hospitals during the current reporting period, 926 were admitted to general hospitals, 18 entered neuropsychiatric institutions, 14 were admitted to related institutions including convalescent homes, 10 to isolation units, 7 to eye, ear, nose and throat, 6 to tuberculosis sanatoriums, 6 to maternity hospitals, 6 to children's, 4 to industrial and 3 to orthopedic hospitals."

The average daily census declined from 1,239,454 in 1946 to 1,217,229 in 1947. The percentage of beds occupied increased from 84.4 in 1946 to 85.4 in 1947, and the average length of stay declined from 12.9 days in 1946 to 11.4 days in 1947.

The addition of new beds was not carried out on an extensive scale because of the cost of construction. Estimates on the cost of construction of high grade private hospitals in the Chicago area continue to be about $20,000 per bed. At this rate an addition of only 50 beds would cost approximately $1,000,000 and the construction of a new 500 bed hospital would cost approximately $10,000,000. In the last few months the cost of labor and materials has diminished slightly but it is hoped that they will decline still further so that many hospitals in the country may proceed with badly needed additions.

THE COST OF HOSPITALIZATION. Hospital costs continued to rise some during 1948. The cost per patient per day advanced in different parts of the country. In Chicago in most hospitals it was between $17 and $18 per day at the end of the year. In some other cities it was a little higher. Hospital costs have risen so high that it is very difficult for patients of moderate means to afford them. It has been necessary for various plans of hospital care to raise their premiums in order to meet rising costs.

In spite of the high cost of hospitalization the type of service offered showed only slight improvement. Hospitals continue to employ a rather low grade of personnel on a relatively low salary basis and this personnel continued to render the type of service which would be expected of them.

THE QUALITY OF HOSPITAL CARE. The quality of hospital care improved a little during 1948, largely because of some easing of the nursing shortage. There was also a slight improvement in the quality of non-professional personnel although individuals in this category continued to be of mediocre calibre. Hospitals might give serious thought to the employment of fewer personnel of higher calibre on the theory that one very competent employee is capable of much more work than a mediocre employee. The bed situation eased a little toward the end of the year, probably because of a slight slump in business as a whole. However, most hospitals continued to operate on the assumption that they were doing people a favor by agreeing to admit them to a hospital. The admitting personnel in hospitals, in particular, have not been very friendly to patients.

Many hospitals neglect some of the important details of good service, such as adequate telephone accommodations. Some hospital administrators feel that adequate provision for telephone service should not be made for

people in private rooms, on the assumption that the patient should not be bothered with telephone calls. This is a very short-sighted policy and is rather typical of the attitude of many hospital administrators.

The food in hospitals continued to be about as bad as ever, although the Committee realizes that the cost of food is so high that it would be difficult for hospitals to serve the best food available.

It would be well for hospital administrators to think more and more in terms of public welfare and to do everything they can to improve the quality of their service to the public.

THE ROLE OF THE HOSPITAL IN MEDICAL EDUCATION. Hospitals have a very important role to play in keeping the members of their staffs constantly up to date. Most of them hold weekly seminars which are devoted to clinical pathological conferences, or to reports of progress in various fields of medicine. Many hospitals, in addition, have regular meetings of various departments of their staffs. Hospitals still have a great opportunity to improve the quality of training for internes and residents. Many medical schools might expand their service to the community by developing a cooperative arrangement with neighboring hospitals for graduate training. This is particularly true of the state medical schools, some of which have already completed arrangements with various hospitals around the state for the training of residents. There is still a great shortage of internes but good residencies continue to be in demand. Hospitals should make every effort to improve the quality of their resident training in order to develop the highest type of practicing physician and to improve the quality of their service to the public. Cooperative arrangements can easily be worked out between hospitals and medical schools without any serious loss of control on the part of the hospital.

THE GENERAL PRACTITIONER. The status of the general practitioner continued to improve a little during 1948. Several more hospitals established departments of general practice. The Section on General Practice of the American Medical Association and the Academy of General Practice were very active and developed excellent programs for their annual meetings. The Academy of General Practice has set up rules and regulations concerning admission to membership. One very important requirement is that members must present evidence of attendance at 150 hours of postgraduate training every three years. Various medical schools have already set up programs for the training of men for general practice.

Consideration is still being given to the establishment of a specialty board for general practitioners although there is still great opposition to this in many quarters. It is hoped that the specialty boards will decide to allow credit for time spent in general practice to men who wish later to enter a special field of medicine.

A little bitterness has developed on the part of the general practitioner toward the specialist. It is to be hoped that with the development of a comprehensive program for the general practitioner this bitterness will disappear. All physicians must work together for the common good regardless of what field of medicine they enter.

GROUP PRACTICE. The development of clinics all over the country has proceeded rapidly. Men interested in various fields of medicine have formed groups in order to develop better laboratory facilities and better hospital facilities for the care of patients. In many rural areas the development of clinics with adequate hospital affiliations is an ideal method of serving a large surrounding area. The attitude of the profession toward group practice has fortunately undergone some modification. Until the constitution of the Chicago Medical Society was changed about one year ago Medical Policy 7 read as follows:

"7. The words Clinic, Institute, Academy, Cardiac Therapy, Gastro Intestinal Therapy, and the like, are misleading when applied to groups or organizations of physicians engaged in any or all branches of the practice of medicine."

The word "clinic" was eliminated from this policy but the fact that it remained in the constitution so long shows that physicians for a long period of time looked with skepticism on group practice.

A clinic with adequate laboratory and hospital affiliations, and with adequate provision for postgraduate medical education, represents a very satisfactory medium for the practice of medicine. It conserves the time of patients and the better clinics of the country render a high quality of medical care. There are, of course, many ways of rendering high grade medical service and no one method should be developed to the exclusion of others.

THE NURSING PROBLEM. The nursing problem remained acute during 1948 although it did improve some. Nursing schools continued to have difficulty in attracting desirable students to their classes although some of the better schools continued to fill their quotas without difficulty.

The availability of nurses has varied a great deal from hospital to hospital. Some have had no shortage at all. It would appear that those nursing schools and hospitals that have had no shortage of student nurses and graduate nurses have made the nursing profession more attractive to women than the hospitals that have had shortages. This has been done by a better educational program, better living conditions, better working conditions and better pay.

There are many reasons for the nursing shortage but the most important one still appears to be economic. Nurses are not paid an adequate wage in the light of the training which they have, and adequate provisions have not been made for the advancement of nurses who remain with institutions over a long period of time. Very little attention has been given to satisfactory retirement policies for nurses who have remained in the profession over a period of many years. The American Nursing Association has gone on record as being in favor of collective bargaining. The medical profession has not looked with favor on this attitude and it is hoped that the nursing profession can be improved without resorting to this practice.

HEALTH INSURANCE. It is the duty of the medical profession to provide ways and means for rendering adequate medical service to all people regardless of their financial status. Certain groups in the country have taken the stand that the distribution of medical care cannot be solved satisfactorily without the development of a system of compulsory health insurance by the Federal Government. This would be provided by a payroll deduction shared equally by the employer and the employee and by taxation on the income of everyone who pays an income tax.

There are three major objections to compulsory health insurance, or political medicine: (1) it would greatly increase the cost of medical care; (2) it would greatly lower the quality of medical care by virtue of the complicated set up required to administer it; (3) it would be the first step in the development of a completely socialistic state.

The American Medical Association has employed the public relations firm of Whitaker & Baxter to carry on an educational program. There are two phases of this program: (1) to acquaint the public with the dangers of compulsory health insurance, and (2) to urge everyone to subscribe to voluntary health insurance plan and to make these plans available to as many people as possible. There appears to be a demand and a need for health insurance. The only question is whether we will have it on a compulsory or a voluntary basis.

A voluntary system of health insurance would provide people with hospitalization and medical care at a lower cost and in a much more efficient manner than compulsory health insurance, and would result in the preservation of free enterprise. Blue Cross has developed very rapidly and now has about 33,000,000 subscribers. Its benefits have been liberalized and it has made hospitalization available to many people who previously could not have afforded this type of care.

Various medical societies throughout the country have recently developed plans for the pre-payment of medical care. These plans have formed an association known as Blue Shield, and the Blue Shield Plans of the country are administered by Blue Cross on a non-profit basis with Boards of Directors consisting largely of members of the medical profession. Both Blue Cross and Blue Shield are operated on a non-profit basis and the cost of operation of Blue Cross is about 12 per cent so that 88 per cent of each premium dollar is returned to the subscriber. There appears to be little doubt that as Blue Shield plans are developed they will run at as low a cost as Blue Cross. Blue Shield, although a recent development, already has over 3,000,000 subscribers in the country. The Chicago plan which began only July 1, 1948, will have over 100,000 subscribers by July 1, 1949. Other plans are developing just as rapidly. There are already over 50,000,000 people enrolled in all types of voluntary health insurance plans in the country.

Blue Cross and Blue Shield would like to establish a national health insurance company so that organizations which employ labor all over the country may be able to enroll through one agency. There would be no objection to this arrangement provided adequate provision is made for local variations in cost, and provided a monopoly on health insurance does not result. It is very important for the commercial insurance companies to enter actively the field of health insurance so that the public will be provided with hospitalization and medical care by free competition in an open market. This is the whole spirit of private enterprise and it is only in this way that the development of a monopoly can be avoided and the public be given the highest quality of medical service.

Some further provision must be made for medical care for people who are unemployed, people on relief and old people who are unable to work. The problem in these groups is primarily an economic one but nevertheless some arrangement must be worked out so that they will be adequately covered. It would be desirable to handle this problem on a state and county level rather than have it handled by the federal government.

POSTGRADUATE MEDICAL EDUCATION. More and more attention has been given in recent years to the continuing education of physicians. Adequate facilities need to be provided so that physicians can keep constantly up to date. Developments in medicine are occurring so rapidly than any physician who wishes to give his patients the benefit of the intensive research that is being carried on in all fields of medicine must remain a student of medicine. In a large metropolitan area like Chicago there are unusual opportunities for physicians to keep themselves well informed. In fact, many excellent scientific meetings are rather poorly attended.

The problem is a little different downstate although definite opportunities are provided for the education of physicians. The postgraduate opportunities available to physicians in the State of Illinois may be summarized as follows:

1. Postgraduate days arranged by the Illinois State Medical Society in various parts of the state.

2. Scientific programs of county medical societies.

3. The annual meeting of the Illinois State Medical Society which is designed primarily for the general practitioner.

4. The annual clinical conference of the Chicago Medical Society which is also designed for the general practitioner.

5. Intensive postgraduate courses arranged by the Chicago Medical Society and by various medical schools.

6. Numerous scientific meetings of various special societies in the city of Chicago.

7. The annual meeting of the Mississippi Valley Medical Society, the program of which is arranged primarily for the general practitioners of Illinois, Iowa, and Missouri.

Chicago, by virtue of its central location, is the meeting place for a great many national societies, most of which are open to all physicians.

Some medical schools have arranged special courses for practicing physicians which are scheduled one or two hours a week over a period of several months. Such a course is now being given by the University of Illinois. The postgraduate courses started by the Chi-

cago Medical Society in the fall of 1947 have proved to be very popular and physicians have come to them from all over the country, although about half of those registered have come from the State of Illinois.

The postgraduate days arranged by the Illinois State Medical Society are of very definite value and they bring postgraduate medical education directly to practicing physcians in various rural areas. These programs might well be increased in number, care being taken to hold the meetings in areas which are strategically located so that they will be available to physicians in many surrounding counties.

THE MEDICAL SCHOOL PROBLEM. Since our report for 1948 was made to the House of Delegates the number of approved medical schools in Chicago has been increased from 4 to 5. The Chicago Medical School was approved November 9, 1948.

The approval of this school represents a very definite forward step in medical education in Chicago. It will now be much easier for the Chicago Medical School to raise money and to secure more desirable hospital affiliations. The Chicago Medical School is the only school in Chicago that is not affiliated with a university.

All of the schools have developed rapidly but all of them have their own problems and their own needs. The University of Illinois, for example, is very much in need of a large private pavilion to take care of the private patients of its large part-time clinical staff. It has excellent facilities for the care of charity patients, but the practicing physicians on its staff must now take their private patients to various hospitals in different parts of the city. A private hospital on the University campus would provide geographic full time for a large number of the clinical staff.

All the medical schools have plans for the development of additional hospital facilities. The University of Chicago is now building a new cancer hospital. A large veterans hospital and a new Mercy Hospital are to be built close to the campus of Northwestern University. The University of Illinois has plans for the immediate expansion of the bed capacity of the Research and Educational Hospital. Plans have also been made to develop a tuberculosis institute and a hospital for the study of problems of geriatrics. Loyola has plans for erecting a new medical school. The West Side Medical Center is slowly being improved and work is proceeding on the Congress Street express highway which is a very important phase of the west side development.

There was one very unfortunate occurrence at the University of Illinois College of Medicine. A sub-committee of the investigating committee of the House of Representatives of the Illinois State Legislature recently carried on an investigation in Chicago to determine whether or not the Medical School of the State University should be investigated. This investigation was aimed particularly at the Dean, Dr. John B. Youmans. The immediate cause of the investigation was the method of dealing with certain non-academic personnel who were on civil service. The investigation was carried out in a rather arbitrary manner and the Dean was criticised for doing certain things which actually brought credit to the school. For example, he was accused of spending some of his time to edit a medical journal, and of being reimbursed for trips to Europe on behalf of the Government to study nutritional problems in Germany. Medical schools are always happy to have men of sufficiently high calibre to be invited to do things like these. The hearings of this sub-committee were open to the public and were designed to discredit the Dean.

The State Legislature has the right to investigate its own state university at any time it sees fit. However, it is desirable to carry out these investigations in a friendly manner, and to approach all problems with an open mind. It is very important to keep politics out of the state university if it is to continue to develop rapidly as a great national and international institution. The Medical School of the University of Illinois has made very rapid forward strides and has a very bright future. It is sincerely hoped that investigations like the one which has just been carried on will not be repeated. The Medical School, like other departments of the University of Illinois, is always ready and willing to cooperate with the State Legislature in every way possible to improve the quality of medical training, and the character of medical service rendered to the people of Illinois.

Respectfully submitted, W. O. THOMPSON, M.D., *Chairman,* A. C. IVY, M.D., H. O. MUNSON, M.D., *Committee on Medical Education and Hospitals.*

DR. THOMPSON: It was requested that I make an additional report concerning Blue Cross and Blue Shield. You will notice a reference to public health insurance on page 39 of the Handbook. Blue Cross has gone ahead with plans to establish a national enrollment agency so that national organizations will be able to supply their employees with hospital insurance through one company. It was pointed out in the report that the plan to amalgamate Blue Cross and Blue Shield on a national basis had met with opposition. The plan is now to form a national enrollment agency for Blue Shield run by physicians and a separate agency for Blue Cross run by the hospitals. The Committee would like to point out that they believe this is a desirable step. However, they should like to point out the great importance of encouraging not only Blue Cross and Blue Shield but also commercial insurance companies, to enter actively the field of health insurance. A resolution was passed by the Council of the Chicago Medical Society recently "that the Chicago Medical Society reaffirm its belief that the best solution for the problem of increasing the availability of medical care is to be found through continuing experimentation with voluntary and competitive prepayment plans, sponsored by non-profit as well as by commercial insurance companies, consistent with the highest standards of medical practice." We have to be extremely careful at the present time not to do anything that would put us in an embarrassing position. I think it is not only possible but probable that if one national insurance company were formed and if our support were given entirely to Blue Cross and Blue Shield, the time would not be far distant when certain abuses would creep in and when this company would try to control the practice of medicine throughout the coun-

try and they would be accused of violating the Sherman Anti-Trust laws. It is important that we look at the problem as a whole. The whole spirit of free enterprise is free competition in an open market. The field of health insurance should be entered actively not only by Blue Cross and Blue Shield but also by most of the better commercial insurance companies.

The only other point I should like to make here concerns the medical schools. The Chicago Medical School has been approved. This is a very fortunate and very desirable step. The approval of this school raises a problem regarding old graduates. There are graduates throughout the state who graduated before the school was approved. They find themselves in the embarrassing position of being graduates of a school now approved but not approved when they graduated. The American Medical Association has been rather lenient about overlooking the fact that certain graduates of this school have been members of certain hospital staffs. The American College of Surgeons still looks very carefully at staff lists to make sure that there are not very many graduates of the Chicago Medical School on the list. We should do everything we can now that this school has been approved to make it possible for graduates of the school in former years to carry on the practice of medicine. This is desirable not only from the point of view of public relations but also from the point of view of fair play. The Chicago Medical School for a long time has done a pretty good job and there are many graduates of this school who are excellent physicians. I think it is very important that all of us in our communities should do everything we can to make it possible for these men to carry on the practice of medicine with adequate hospital affiliation.

REPORT OF THE COMMITTEE ON MEDICAL BENEVOLENCE

The load carried by the benevolence fund is practically the same as that of a year ago. A number of beneficiaries have passed away and during this interval about an equal number have been added. Those added like those who have passed away are in the late seventies and eighties, the number on our list now being 21.

The effort to procure a reserve fund by means of popular subscription received such poor support from our members that the House of Delegates in 1947 wisely decided to add $5.00 to our annual dues for the purpose of maintaining this fund. This attempt to enlist the interest of the membership was disappointing, but we feel that the present method will provide for all of our needs.

During the past few months, several requests have come from those who are not and never have been members of their local Society. This is unfortunate and only emphasizes the fact that some of us sometimes do not realize the value of our membership.

In accordance with our constitution and by-laws, our reserve fund is being invested in safe securities, the proceeds of which we hope will some day care for all of our needs.

OSCAR HAWKINSON, M.D., *Chairman*, LEE O. FRECH, M.D., HAROLD M. CAMP, M.D., *Secretary, Committee on Medical Benevolence.*

REPORT OF THE COMMITTEE ON MEDICAL TESTIMONY

When this committee was appointed and its duties outlined, it was the sincere wish and hope that the calls for its service would be few and far between. There have been some disappointments during the past year. We have had a number of complaints of several different types, the most numerous having to do with personal injury. In these cases, particularly where fractures are concerned, there is sometimes a vast difference of opinion as to the extent of the injury. Complaints have come from attorneys and from the judiciary.

In one instance, the witness admitted a mistake in the diagnosis. In another instance, the judge in the case was quite bitter about the doctor's failure to keep adequate records of the injury, the number of calls, dates, and types of service rendered in a case which seemed to be largely on a neurotic basis.

Meetings have been held with members of the Chicago Bar Association for the purpose of coordinating our efforts. There was discussion of connivance of not too scrupulous lawyers in preparing of medical testimony and it was hoped that steps could be taken to correct this situation. Suggestions have also been made that when writing statements for patients relative to injury or illness nothing be put in writing that can not be substantiated in court. Browbeating of physicians when testifying in court came into review and was concluded that this matter comes within the jurisdiction of the judge who has full and complete responsibility. Subpoena to appear before a lawyer for pre-trial testimony should be carefully examined before responding to its demands.

We have been keeping all of the judiciary and hearing bodies informed of the work of the committee and it is the hope as time goes by this work may be greatly decreased.

Respectfully submitted, OSCAR HAWKINSON, M.D., *Chairman.* WARREN W. FUREY, M.D., HARRY A. OBERHELMAN, M.D., EVERETT P. COLEMAN, M.D., ARTHUR F. GOODYEAR, M.D., E. H. WELD, M.D., WALTER L. PALMER, M.D., W. J. GILLESBY, M.D., *Committee on Medical Testimony.*

REPORT OF THE COMMITTEE ON ARCHIVES

The activities of the Committee on Archives during the year have been centered upon the collection of information for the purpose of compiling a second volume of the history of the Illinois State Medical Society and for the purpose of having on hand information for such forthcoming volumes as the Society may desire to publish.

The enlargement of the Committee on Archives and the collaboration of this committee with other committees is of distinct benefit to the Society.

Meetings have been attended at Springfield, Chicago and at Monmouth.

There is still in process procurement of data from physicians who are living.

The Woman's Auxiliary is assuming responsibility

for information relative to those of our number who have died.

The Committee thanks the Council for its sympathetic cooperation throughout the year.

Respectfully submitted, D. D. MONROE, M.D., *Chairman.* E. H. WELD, M.D., J. J. MOORE, M.D., *Committee on Archives.*

REPORTS OF COUNCIL COMMITTEES

REPORT OF THE EDUCATIONAL COMMITTEE

The following report is submitted for activities of the Educational Committee during the year ended April 1, 1949.

During the year the Committee met three times: May 11, June 21 and October 4, all in 1948.

TELEVISION. The most inspiring health education effort launched by the Committee this year was a series of television programs. On October 2, through the courtesy of the Bureau of Health Education of the American Medical Association, and in cooperation with the National Society for Medical Research, a telecast on Animal Experimentation was used on WBKB with Dr. A. C. Ivy, two blue babies, and Caesar, the dog hero of the original Potts-Smith "blue-baby" operation.

On December 16, a new affiliation was made with WGN-TV by the Secretary of the Committee. This affiliation was implemented by Dr. Theodore R. Van Dellen, Medical Editor of the Chicago Tribune, and it is the wish of this Committee to acknowledge its gratitude to Dr. Van Dellen for his splendid cooperation in not only assisting in negotiating the telecasts but for his personal participation each week as physician-moderator. Every program featured physicians, patients, charts, equipment and other media to tell a story. The series scheduled at the time this report was prepared are:

December 16—Henry T. Ricketts, M.D., and Chester Coggeshall, M.D., Diabetes Under Control.

January 6—Harry M. Hedge, M.D., Birthmarks.

January 13—Philip Lewin, M.D., What's Back of Your Backache?

January 27—Stanley Fahlstrom, M.D., and Charles Dunham, M.D., Is Your Pain Arthritis?

February 3—Chauncey C. Maher, M.D., Your Heart.

February 10—John L. Reichert, M.D., Your Growing Child.

February 17—Eugene Hamilton, M.D., Splint 'Em Where They Lie.

February 24—G. Henry Mundt, Jr., M.D., Your Child's Eyes.

March 3—Edwin R. Levine, M.D., Prevent Tuberculosis.

March 10—John T. Reynolds, M.D., What Is Appendicitis?

March 17—Fremont A. Chandler, M.D., Poliomyelitis.

March 24—Edward A. Piszczek, M.D., Self Medication is Dangerous.

March 29—Herbert E. Schmitz, M.D., Maybe It Isn't Cancer.

April 5—Frederick W. Merrifield, M.D., John A. Thompson, D. D. S., Harold Westlake, M. A., What Is Cleft Lip and Cleft Palate?

April 12—John L. Keeley, M.D., Gallbladder Disease.

April 19—David Slight, M.D., Mental Health.

April 26—Robert G. Kesel, D. D. S., Donald Kerr. D. D. S., Oral Hygiene.

That television is an expressive medium in visual education has been demonstrated successfully in the telecasts held thus far. The programs have been arranged as a public information feature by WGN-TV, in cooperation with the Educational Committee. While scripts were prepared in advance for continuity and cue material, the discussions were casual and conversational. Actual patients of the cooperating physicians gave an authenticity to the programs that was dramatic in its appeal. Their "ad lib" replies to the questions of Dr. Van Dellen and the participating physician assisted in the emotional appeal.

Dr. Van Dellen's inherent personality and his experience, gained through appearances in all shows, provides a skillful professional touch in glossing over any break in continuity by our physicians who are "amateurs" in television. The studio direction, provided by Jay Faraghan, program director of WGN-TV, Cosmo Genovese, producer, George Bauer, announcer, and other members of the staff, was professional and understanding. In every telecast the camera work has been excellent.

It is estimated by WGN-TV that at least 100,000 persons in the Chicago area are viewing these programs each week. Television as a medium in health education has great potentialities and cannot be overlooked as a valuable contribution to public health information. A few sample comments follow:

"I wish to compliment you on the telecast Thursday afternoon on Diabetes. I found it both interesting and instructive. I consider such programs as fine public service."

"I so enjoy your program. The dissertation and demonstration of birthmarks was very instructive. I wonder if you could have one on skin conditions in general. I know that would be very much appreciated by many."

"I enjoyed the afternoon television programs very much on diabetes and birthmarks. Please continue."

"I made special arrangements to be home in time for your TV program, 'What's Back of Your Backache.' I also brought a friend home and we both were glad we made the effort as the program was very interesting. I hope it was the first of a long series. We'll be sure to be on hand for the next one on 'Arthritis'."

SPEAKERS BUREAU. For the year ended April 1, 1949, 146 speakers had been scheduled as compared with 118 for the corresponding period last year. The total does not include eleven speakers that have been scheduled during May and June, a period beyond that covered by this report. The organizations include: Illinois Federation of Women's Clubs, the Illinois Congress of Parents and Teachers in their local units; Chemistry Club of Bowen High School; Fenger High School, the Y. W. C. A., the Y. M. C. A., Tuley High School, Drummond Elenmentary School, Skinner Elementary School, Sherwood School, Funston School, Mason Elementary School, Bryant School, Froebel

School, Hale School, Earle School, Mitchell Elementary School, Greene Elementary School, Brainard School, Florence Nightingale School, Steinmetz High School, Howe School, Leukemia Research Foundation, Ryburn King Hospital's Nurses graduation exercises, Kiwanis Clubs, Good Neighbor Society, Rotary Clubs, Woman's Auxiliaries, Chicago Town Hall and Club, Berwyn Woman's Civic Club, B'nai B'rith Youth Organization, Young Mothers' Club of Bryn Mawr, Gage Park Women's Club, American Veterans Committee, Illinois State Veterinary Medical Association, Evanston Catholic Woman's Club, Humboldt Park Civic League, St. Cecelia's Home and School Guild, Brainard Civic Association, Lions Clubs, Chicago Woman's Aid Legislative Committee, Junior Woman's Club of Flanagan, St. Viator's Girl Scouts, Physicians' Fellowship Club Auxiliary, St. John Berchman's Holy Name Society, Rosary College Alumni Association, Chicago Engineers Club, West Suburban Republican Woman's Club, Toman Public Library Forum, South Shore Branch Library; Guild of Tabernacle Church of the Divine Infant, Princeton Hospital Auxiliary, Burnham School of Cosmetic Hygiene, Mothers of Triplets, Associated Clubs and Churches, North Central Medical Association, Federation of Employees' Benefit Association, Church groups.

Three speakers were scheduled which were subsequently cancelled. The opening lecture of the newly organized Fullerton Business and Professional Women's Club was scheduled.

Six speakers were scheduled for the first Career Conference sponsored by the Chicago Technical Societies Council, the Chicago Sun-Times and Illinois Institute of Technology. Two were subsequently cancelled when the enrollment for the conference did not indicate the need for six speakers on Medicine as a Career. A letter from the president of the Chicago Technical Societies Council read:

> "From all accounts, the first Chicago Career Conference held at Illinois Institute of Technology, December 28 to 30, was a high success. Your assistance in no small measure contributed markedly thereto. As president of the Chicago Technical Societies Council, I am hereby authorized by the Board of Directors to thank you deeply for your time and efforts."

Seven speakers were scheduled in a series of ten on Adult Health Problems for the Village of Oak Park. From the President of the Village, we received the following:

> "The Village of Oak Park is deeply indebted to you, and to the Illinois State Medical Society for the splendid support you have given the Oak Park lecture series on Adult Health Problems. I know that it has taken considerable of your time to secure the splendid array of medical talent for this series of lectures. On behalf of the people of the Village of Oak Park I wish to express our gratitude for this splendid support and help in enabling us to carry out this interesting project."

In addition five films were scheduled: three on "Human Reproduction," at which showing a physician must be present, and "When Baby Goes to School," available through Mead Johnson and Company. A physician was also scheduled to appear as a judge in the Ideal Farmer's Daughter beauty contest during the National Farm Show.

On February 14, the Committee turned over all package library material and requests for speakers on National Compulsory Sickness Insurance to Mr. James C. Leary. At the time, 47 speakers on the subject had been scheduled.

Persons who cooperated in the Educational Committee Speakers' Bureau were Drs. W. W. Bauer, George Wakerlin, Charles Runner, Philip Rosenblum, Charlotte Babcock, Jules Masserman, W. W. Bolton, Howard M. Sheaff, Morris Braude, Leonard J. Murphy, George A. Hellmuth, Mary G. Schroeder, Charles E. Pope, Harold Miller, Edward A. Piszczek, Matthew M. Steiner, Charles D. Krause, Franklin Fitch, Paul J. Starcevich, Percy E. Hopkins, Walter Tobin, Harlan English, Zelda Teplitz, Margaret M. Kunde, Walter C. Bornemeier, Everett P. Coleman, Robert R. Mustell, David Slight, Dwight Clark, Harold M. Camp, Maurice Cottle, Chester Coggeshall, George Weber, William R. Raycraft, Joseph T. O'Neill, Robert Hagan, Rudla Rind, Harold E. Davis, Howard Lindberg, Harry E. Manz, Norman B. Dobin, Arthur H. Roseblum, Herbert Rattner, Charles J. Smith, Gilbert H. Marquardt, Bertha Shafer, Harold Rosenblum, Harry Leichenger, Edward C. Turner, Rex D. Hammond, Alfred D. Biggs, Carroll Birch, Sydney B. Mannel, Roy Kegerreis, Marvin Lerner, Beulah C. Bosselman, Joseph Bertucci, Henry Fineberg, Warren H. Cole, Ernst Schmidhofer, Charles N. Pease, Leo A. Kaplan, Morris Friedell, Belle Korman, Lowell Coggeshall, Robert B. Berson, Y. T. Oester, Julius E. Ginsberg, Adrian D. M. Krause, Edwin Hirsch, Arthur S. Webb, Harry H. Boyle, Walter Lawrence, Peter T. Gray, Benjamin Kaplan, Minnie Perlstein, Hyman Gordon, W. K. Gottstein, C. Edward Stepan, Julius Richmond, Edmund Hess, Robert E. Lee, Frank G. Murphy, Howard L. Alt. In addition the following laymen cooperated: John Bach, John W. Neal, Lawrence Rember, Ralph Rohweder, Howard Brower, George E. Hall, Ralph P. Creer, Mrs. Madeline Roessler and Daniel J. Connor.

HEALTH TALK. On March 15, the weekly mailing list of Health Talk totaled 894 as compared with 543 for the similar period of 1948. The weekly mailing goes to the press of Illinois, some physicians, health departments, nurses, health educators and house organs.

On March 15, 1949, two selected copies of Health Talk were mailed to 3,970 individuals including health chairmen and others, schools, libraries. For the year ending March 15, 1948, a total of 4,347 made up the monthly mailing list. This would suggest a decrease in the monthly mailing list, but it must be pointed out that during this year an attempt was made to revise the mailing list. Return postage guarantee envelopes were used, which resulted in the removal of 1,000 names of deceased persons, those who had moved and left no forwarding address, institutions out of business and so forth. However, during the process of removing these names from the file, 600 new names were added.

instead of being a decrease of 400, as suggested by these totals, it is an addition of 600, which makes a current active mailing list of 3,970, and does not include the fifty new names waiting to be included in the mailing list of April 15. In addition 10 persons each month receive a total of 527 copies for personal distribution.

An incomplete check on press clipping returns showed that as of March 15, 1949, 222 papers were using Health Talk in its entirety. One editor from Aurora called to ask if his name had been removed from the list—that he thought the material was excellent. For some reason two issues addressed to him had gone astray. Dated March 2, a letter from the editor of the LaSalle County Ledger said: "If available in the form of Health Talk, will you please send us any article or articles you may have on the subject of arthritis. We appreciate the Health Talk service and the readable manner in which they are written for the layman."

The Geneseo Republic, when a local outbreak of poliomyelitis was reported, asked the Educational Committee for a story with a two day deadline. The Health Talk on the subject was sent by return mail and special delivery. In reply, the Geneseo Republic said: "Your letter received Monday afternoon. It fills the bill exactly, for which I am most appreciative. Now let's hope that it helps the people here. Thanks again."

Other comments include:

From a teacher in Macomb, Illinois: "Have had the opportunity to receive Health Talk, released by your office, which proves to be of great assistance to me in my college work. I think it is fine service to the public."

From the division of public health education, Peoria Department of Health: "The comment of these releases is very helpful to me in interpreting good health practices to the public and I do appreciate receiving them."

From an instructor in physical education, University of Illinois School of Physical Education: "Please place me on your mailing list for Health Talk. I can use this material to good advantage in my instruction in the physical education school."

From a professor in the same school: "I am greatly indebted to you for the excellent material in Health Talk. This is called to the attention of my class members and posted on the bulletin board so I believe it does considerable good."

From Health Education Council, New York: "Your Health Talks have been reaching me regularly and I have been reading them with pleasure and interest. Your style has that neat combination of authority and simplicity. I keep these on file for further uses—as in class lectures at Columbia."

From United Specialties Company: "I have missed the last three or four issues of Health Talk and regret it. It is excellent. Please return me to your mailing list."

A nun who was on our mailing list in Chicago wrote from her new post at St. John's Hospital, Huron, S. D.: "Your publication Health Talk is so very interesting and I have valued them for their educational content. Since we conduct a School of Nursing here, your contribution would be invaluable. May we have Health Talk?"

A health educator in Ann Arbor, Michigan, asked to be placed on the mailing list. Other requests came from a nurse for the Moody Bible Institute; the Home Adviser from Lake County of the College of Agriculture, University of Illinois, asked that her 21 health chairmen for home bureaus be added to our list for Health Talk; a supervising nurse at Hammond Public Schools, a biology instructor at Iowa Wesleyan College and directors of health education in many schools have requested that their names be added to our mailing list.

The Public Relations Department of the American Medical Association asked for a short story on the use of Health Talk to include in its PR Doctor. The material was prepared under the title of "A Chapter in the Illinois Story on Health Education." The reason it has not yet been used in the PR Doctor is that this medium is being devoted to material to combat socialized medicine.

The Royal Neighbor uses Health Talk. This publication of the Royal Neighbors of America goes to 535,000 members.

Jane Stafford, Science Service, Inc., used Health Talk on Airsickness in her syndicate column.

The West Virginia Medical Journal featured the Health Talk on Vacations in its editorial pages, August, 1948, reprinting the story in full with a credit to the Educational Committee.

The Lawrence County Health Department uses it regularly and featured the one on the Public Health Nurse in a special outline of a day's activities.

Some issues meet with a certain demand. The Illinois Society of Mental Hygiene asked for 1,700 copies of "Care of Tiny Tots" and 1,300 on "Mental Health of the Child;" The Associated Women of the American Farm Bureau, 300 of "Undulant Fever;" Cook County Department of Public Health, 1,400 issues of "Can You See;" the Illinois Agricultural Association, 90 each of twenty different issues; Y. W. C. A., 2,000 of "What's Your Poison?"; Chicago Industrial Health Association, complete back file and all future issues; Chicago Teachers College, 30 on "Coronary Thrombosis;" Superintendent of Dixon Public Schools, 250 of "Health Future of Your Child;" Illinois Epilepsy League, 50 of "Epilepsy;" American Epilepsy League, 500 of "Epilepsy;" three PTA chairmen asked for 150 copies of certain issues for distribution at their meetings in March; a summer round-up chairman asked for 80 copies of "The Summer Round-Up" and the Salvation Army Clinic requested 60 copies of "Diabetes." Regularly other requests from health chairmen of the PTA and Federation of Women's Clubs and educators ask for numbers ranging from 50 to 150 copies of different issues.

PACKAGE LIBRARIES. From April 1, 1948 to March 15, 1949, 72 package libraries were mailed, 38 of which were on the subject of Compulsory Health Insurance. Other subjects included: Contact Lenses, Skin and Cosmetics, Pernicious Anemia, Food and Health, Undulant Fever, Understanding the Adolescent, Heart Disease, Menopause, Sewage Disposal, New

Drugs, Poliomyelitis, Children's Diseases, Facing the Forties, Progress in Medicine and Surgery, DDT, The Kidneys, Ulcer, Pneumonia, Leukemia, Cancer, Trichinosis, Malaria Control, Medicine as a Career, Sex Education, Children and Habits, Rheumatic Fever, Tuberculosis, and Anesthesia.

EXHIBIT. "The Doctor and His Medical Society," the exhibit created in 1947, was not used often this year. However, it was on display at the following:

Illinois Congress of Parents and Teachers, Springfield, April 8-10.

Illinois State Medical Society, Chicago, May 10-12.

Illinois Federation of Women's Clubs, Chicago, May 17-19.

American Medical Association, Chicago, June 21-25.

Illinois State Fair, Springfield, August 13-22.

Woman's Club in Lincoln, November 3.

At the State Fair, the Woman's Auxiliary of the Sangamon County Medical Society staffed the exhibit and did a splendid public relations job. An accurate record was not kept of the amount of literature distributed, but it can be estimated that at least 4,500 prepayment pamphlets were given out, 4,000 Doctors and Horses, 2,500 The Doctor and His Medical Society, and 10,000 Health Talks.

LIAISON. The Secretary's time is always at the disposal of any one who needs her assistance. In addition to the groups serviced with speakers and Health Talks, contacts are regular with the Council on Social Agencies, the Bureau of Health Education and other Bureaus in the American Medical Association, National Society for Medical Research, Chicago Heart Association, Illinois Society for Mental Hygiene, Illinois Society for the Prevention of Blindness, Illinois Statewide Public Health Committee, Industrial Editors Association.

The Secretary addressed the Woman's Auxiliary of the Sangamon County Medical Society in Springfield October 11, and has endeavored to be of assistance, whenever possible, to all auxiliary groups.

The Committee believes it significant that three honors have been accorded to the Secretary this year—nomination for membership in the Illinois State Woman's Press Association, The Publicity Club of Chicago and the American Public Health Association.

CHICAGO INDUSTRIAL HEALTH ASSOCIATION. The Committee has extended cooperation to Dr. Frederick Slobe and the Chicago Industrial Health Association in the past year. Assistance was rendered whenever possible, particularly in the way of advice and establishing contacts for members of the staff of the Association. As an agency representative on the Medical Advisory Committee to the tape-recording of "It's Your Life" over Station WMAQ, a specialist each week attends the editing sessions of these tape-recordings. The Secretary also attends these three hour periods. The physicians who attended tape recordings for the Industrial Health Association are Drs. Charles D. Krause, John W. Huffman, Ford K. Hick, Henry Buxbaum, Wade Harker, Walton Van Winkle, Fremont A. Chandler, Hugh McCulloch, Erwin Roeser, George O'Brien, and Mr. Howard Carter.

MISCELLANEOUS. The physician members of the Educational Committee, in addition to other multitudinous activities, reviewed and criticised a 72 page manuscript for members of the Board of Education, entitled "A Guide for the Administrators of the Secondary Schools of Illinois."

The Secretary spends time, whenever necessary, with visitors from local and other state groups. Facilities and members of the staff are available to other committees whenever requested. The Secretary is also responsible for the newspages of the Illinois Medical Journal, the obituaries and the column "For the Common Good," the release of publicity to the Chicago Medical Society Bulletin and the JAMA concerning the activities of committees for which she is responsible.

The Committee wishes to acknowledge the splendid cooperation existing between the personnel of the Chicago Medical Society and the Chicago Office of the Illinois State Medical Society. This is exemplified particularly in the assistance rendered by Mrs. Esther Fraser and Miss Jean McArthur.

The Committee submits this report to the Members of the House of Delegates as evidence that its work has increased satisfactorily. It is presented as an outline only and does not attempt to measure the time of any employee in the Chicago Office in preparing and expediting the multitudinous details that are necessary for carrying out the Committee's activities. The Committee wishes to express its gratitude to the House of Delegates and the Council of the Illinois State Medical Society. The confidence of these executive groups is responsible for inspiring and guiding the Committee in fulfilling its objective of health education. The Committee also acknowledges the help and counsel rendered by Dr. Harold M. Camp, not only in his weekly visits to the Chicago Office but for his ready cooperation whenever called upon. The Committee also wishes to thank the members of the staff of the Chicago and Monmouth Offices, particularly Mr. Neal, Mr. Leary and Mrs. Zimmer. It is their ability to cooperate and coordinate that helps Illinois accomplish things instead of just talking about them.

Respectfully submitted, CHARLES P. BLAIR, M.D., *Chairman,* WARREN W. FUREY, M.D., *Vice Chairman,* FORD K. HICK, M.D., GEORGE L. DRENNAN, M.D., C. PAUL WHITE, M.D., ANN FOX, *Secretary, The Educational Committee.*

REPORT OF THE SCIENTIFIC SERVICE COMMITTEE

It is my privilege herewith to render again an annual report of the activities of your Scientific Service Committee.

The year 1948-1949 has been an active and satisfactory one. The listed county medical societies throughout the state have been and are receiving the services for which this Committee was originally set up.

Thus a total of 113 speakers were scheduled for twenty-seven county medicial societies of the ninety-two in the state as compared with 73 speakers for twenty-two societies for the corresponding period in 1947-1948. The tabulation reveals that postcard and press services were given to DeWitt, Randolph and the Six County

Societies	*Speakers*	*Return Post-card Notices*	*Single Post-card Notices*	*Press Releases*
Bureau	3	1,037		47
Champaign	3			
Effingham	10		1,231	269
Dekalb	6	230		70
DeWitt			?	41
Fulton	9			
Greene	1			
Henry	3	468		62
Iroquois	2			
Kane	2			
Kankakee	9			
LaSalle	8	1,145		350
Livingston	1			
Logan	8			
Macon	4			
Marion	4	100		29
McDonough	7	1,090		274
McHenry	4	396		120
Morgan	1			
Peoria	1			
Randolph			33	
Richland	1		85	
St. Clair	2			241
Sangamon	1			
Six County: (Randolph, Perry, Jackson, Union, Williamson, Franklin)	1	750		70
Vermilion	2			
Warren	1			
Whiteside-Lee	1		214	
Will-Grundy	18			

Medical societies, but these groups scheduled their own speakers with the exception of one for Six County. In addition the St. Clair County Medical Society asked to have 241 announcements and 241 postcard notices mimeographed and mailed for a special symposium on obstetrics and gynecology, the speakers for which were scheduled by the local program committee.

That the service extended to various societies has increased is shown by the following comparison:

Double Postcards		*Single Postcards*		*Press Releases*	
47-48	48-49	47-48	48-49	47-48	48-49
1,965	5,116	65	1,349	570	1,769

Physicians who cooperated in the activities of the Scientific Service this past year were: Arthur F. Abt, John W. Ferrin, Franklin Corper, James H. Hutton, Eugene L. Walsh, C. H. Stuebenrauch, Jr., John L. Reichert, F. G. Norbury, Harry H. Boyle, Harry M. Hedge, Samuel M. Bluefarb, William M. McMillan, Leo K. Campbell, Edward L. Cornell, Mr. Thos. A. Hendricks, Eugene T. McEnery, Carlos I. Reed, Ph.D., Edward W. Cannady, Paul Starcevich, John Soukup, John Van Prohaska, Norman L. Baker, C. Edward Stepan, Stuart Broadwell, Jr., Burton C. Kilbourne, Harry A. Oberhelman, Archibald Hoyne, Norbert C. Barwasser, Louis R. Limarzi, Carlo Scuderi, Harold A. Sofield, William H. Marlowe, Samuel Perlow, Lindon Seed, Thomas J. Coogan, Alfred D. Biggs, John Vonachen, Herbert Rattner, Danely Slaughter, Edward L. Compere, George V. LeRoy, William B. Serbin, Edward F. Rosenberg, James T. Jenkins, Herbert E. Schmitz, G. C. Williamson, Michael Streicher, Theodore Van Dellen, Percy E. Hopkins, Frederick Steigmann, H. L. Baker, N. Louis Campione, Eugene Hamilton, James Graham, Walter R. Tobin, Samuel M. Feinberg, Walter Mayne, Harry Leichenger, Leonard Jourdennais, Earl Latimer, Joseph Greengard, Sidney Portis, George Hellmuth, Frank Deneen, William J. Gillesby, Harry J. Dooley, Francis E. Senear, Wayne W. Flora, Chester Coggeshall, Peter Rosi, H. W. Wellmerling, Howard L. Alt, John Bellows, Willis H. Atkinson, Carl V. Moore, St. Louis, Hugh M. Flack, John Huffman, Gerald M. Cline, Walter Stevenson, Frank G. Dickinson, Ph.D., Roland L. Green, Ben W. Lichtenstein, Warren Cole, Lee T. Hoyt, Charles Dunham, Henry Buxbaum, Richard Allyn, Ben Z. Rappaport, Paul A. Campbell, Philip Thorek, Charles Newberger, P. H. McNulty, Frederick Slobe, Norris J. Heckel, A. R. K. Matthews, Leo P. A. Sweeney, Mr. J. W. Holloway, Jr., George H. Rezek, James J. Callahan, John T. Reynolds, Paul W. Greeley, Paul H. Holinger, Charles D Krause, Edward G. Tatge, James W. Sours, Harvey S. Allen, John S. Scully, and Robert Levy.

Whenever a particular speaker was designated, an effort was made to reach this particular person. Substitutions were made whenever necessary.

The twenty-seven societies requesting speakers this year compares with twenty-two listed in the last annual report. This would indicate a net increase of five societies, which is inaccurate in that some of the societies included in the previous report did not seek assistance this year, while Macon, DeKalb, Greene, Iroquois, Kane, and Peoria are among those this year who used our service.

The total of 113 speakers is augmented by 6 with the inclusion of two speakers for the Northwest Branch of the American Academy of General Practice, one for the Northwestern University Dental Alumni Association, and three for the Iowa and Illinois Central District Medical Association.

McDonough, DeKalb, Bureau and Will-Grundy county societies have cooperated with the Scientific Service Committee by listing their preferences for an entire year. Thus twenty speakers are already scheduled for the period extending into the fall of 1949 and not included in this report.

That advance scheduling is important is reflected in the increased number of postcard and press announcements that are mailed from the Chicago office. Timing is important, particularly when some societies have the same meeting day and require notices.

Because it was our feeling that not enough county medical societies are availing themselves of the abundant material at their disposal, a joint meeting of the Scientific Service and Postgraduate Education Com-

mittees was held at the Bismark Hotel, Chicago, Sept. 21, 1948. It is significant that this meeting was attended by all members of both committees. Out of this session came the following suggestions: (1) that a form letter be sent to all secretaries of county medical societies asking for pertinent information on meetings and (2) That a recommendation be presented to this House of Delegates to consider the fusion of the Scientific Service Committee and the Postgraduate Education Committee under one committee and one chairmanship.

The letter to the secretaries brought the information shown on page 52.

In an effort to present as much information as possible to the House of Delegates for consideration in the recommendation that the two committees be merged, the Chairman sent a letter to forty-eight state medical societies and the District of Columbia. Of the twenty-nine replies received, twenty do not arrange for speakers for county medical societies and seven do not have any postgraduate committee. Five societies have one committee performing both functions. Most of the societies, however, have some sort of service in that the executive officers are always available for assistance. None of the states responding indicate the well organized services of both of our Committees, although it is recognized that some of the states, geographically and by their physician membership, are not able to offer or support such activities.

In conclusion it is our opinion and recommendation: (1) That County Medical Societies should be urged to a wider use of the services of this Committee, and (2) That even though the vote of the Committees was in favor of joining these two Committees the Chairman and four other members see no particular advantage in this change. On the contrary, they, the minority, deplore the passing out of existence of a Committee which, for so many years, has done a yeoman's service, a pioneer's job, in Scientific Service, and they feel both Committees should maintain their present individuality.

Respectfully submitted, ROBERT S. BERGHOFF, M.D., *Chairman*. LOUIS LIMARZI, M.D., *Vice Chairman*. ROBERT J. PATTON, M.D., WADE C. HARKER, M.D., JOHN H. GERNON, M.D., CHARLES H. HULICK, M.D., HARRY A. OBERHELMAN, M.D., CHORLES D. KRAUSE, M.D., *Scientific Service Committee*.

REPORT OF THE POSTGRADUATE EDUCATION COMMITTEE

It is my privilege to submit herewith the annual report of your Postgraduate Education Committee. Members of the House of Delegates will remember that this Committee came into existence in 1939. Its function was and is to arrange Postgraduate Conferences in various Councilor Districts, the number of such conferences to be decided upon by the Council. Accordingly for the year 1939-1940 four conferences were held. Subsequently the following were scheduled:

1940-1941	Nine
1941-1942	Ten
1942-1943	Four
1943-1944	Four
1944-1945	Four
1945-1946	Four
1946-1947	Ten
1947-1948	Twelve
1948-1949	Twelve

In the current series of twelve, the following have been scheduled, as of March 15:

Dist. 1,—Nov. 10, 1948, at Rockford.
Henry G. Poncher, Therapy in Infancy and Childhood; Ralph Bettman, Intrathoracic Surgery; Paul S. Rhoads, Inhalation of Penicillin Dust: Its Proper Role in Infections of the Respiratory Tract; Percy E. Hopkins, Voluntary Prepayment Medical Care; Percival Bailey, Japanese B. Encephalitis.

Dist. 2,—Mar. 31, 1949, at LaSalle.
Arkell M. Vaughn, Vagotomy in the Treatment of Gastro-Intestinal Ulceration; Harry M. Hedge, Birthmarks; Henry G. Poncher, Some Practical Aspects of Pediatric Therapy; Chauncey C. Maher, Combination of Gallbladder Disease and Coronary Disease; Frederick H. Falls, Early Diagnosis of Carcinoma of the Uterus; Percy E. Hopkins, Voluntary Prepayment Medical and Surgical Care.

Dist. 4,—Oct. 28, 1948, at Monmouth.
Henry G. Poncher, Pediatric Therapeutics; Arkell M. Vaughn, Vaugus Nerve Resection in Treatment of Peptic Ulcer; Theodore Van Dellen, Rheumatic Heart Disease; Eugene A. Hamilton, Fractures; Percy E. Hopkins, Acute Abdominal Emergencies and Prepayment Medical and Surgical Care; Harry M. Hedge, Birthmarks.

Dist. 5,—Dec. 1948, at Pekin.
William T. Carlisle, Forewarning and Forearming in Obstetrics; Chauncey C. Maher, Management of Cardiac Patients Pre and Post-Operatively; H. William Elghammer, Advances in Pediatrics; Percy E. Hopkins, Voluntary Prepayment Medical Care; Chester C. Guy, Bleeding Peptic Ulcer.

Dist. 5,—Mar. 3, 1949, at Springfield. Cancelled.

Dist. 6, Apr. 14, 1949, at Quincy.
Eugene Hamilton, Treatment of Fractures by the General Practitioner; Harry M. Hedge, Birthmarks; Warren H. Cole, Intestinal Obstruction; Arthur Atkinson, Management of Peptic Ulcer; Percy E. Hopkins, Remarks as President and Acute Abdominal Emergencies; Harold M. Camp, Remarks as Secretary; Mr. Chas. H. Meredith, Secretary, Industrial Association of Quincy, What is Actually Going On in Washington; Chauncey C. Maher, Preparation and Care of the Cardiac Patient During Surgery.

Dist. 7,—Sept. 16, 1948, at Centralia.
Warren H. Cole, Surgical Lesions of the Stomach; Israel Davidsohn, Clinical Applications of the Rh Factor; Noel Shaw, Feeding Problems in Infants; Allergic Conditions in Children and Treatment of Congenital Syphilis with Penicillin; Hugo Roney, Hormone Preparations and Their Uses; Lester D. Odell, Cesarean Section; Robert E. Britt, St. Louis Psychosomatic Medicine.

Dist. 8,—Apr. 21, 1949, at Danville.
Don Sutton, The Use of Anticoagulants in Vascu-

County	*Meets*	*Meeting Date*	*Who Arranges Program*	*How Obtained*	*Publicity*	*Medium*	*Joint Meeting*
Adams	Monthly except July and August	2nd Monday p.m.	Secretary	Personal Contact and List of Speakers	Secretary	Radio and Press	Occasionally
Alexander	1 a year	Varies	No one				
Bond	Monthly	Last Wednesday	Secretary	Films only	Secretary		
Boone	Monthly	2nd Tuesday	Program Chm.	Too small for Speakers	Secretary	Newspapers	No
Bureau	Monthly except June, July, and August	2nd Tuesday	Program Chm. and Sci. Serv. Com.	Personal Contact and Sci. Serv. Com.	Sci. Serv. Com.	Post Cards, Press	No
Carroll	Irregularly	No	Pres. & Secy.	Personal Contact	Secretary	Correspondence	Jo Daviess
Cass							
Champaign	Monthly	2nd Thursday	Program Chm. and Sci. Serv. Com.	Sci. Serv. Com.			No
Christian	Monthly except June, July and August	2nd Thursday p.m.	Program Chm.	Personal Contact	Secretary	Post Cards	
Clark	2 or 3 times a year	No	Pres. & Secy.	No Speakers	Secretary	Correspondence	
Clay							
Clinton	Monthly	2nd Wednesday	Pres. & Secy.	Personal Contact	Secretary		1 a year with Marion Co.
Coles-Cumberland	Bi-Monthly	Last Wednesday	Secretary	Program Chm.	Secretary	Correspondence	No
Crawford							
DeKalb	Monthly except July and August	4th Tuesday	Program Chm.	Sci. Serv. Com.	Sci. Serv. Com.	Post Cards, Press	No
DeWitt	Monthly	2nd Wednesday	Program Chm.	Secretary and Sci. Serv. Com.	Secretary		Occasionally
Douglas	Monthly	Last Thursday, 12:30 Luncheon	Officers	Personal Contact and Sci. Serv. Com.	Secretary		No
DuPage	Monthly except July and August	3rd Wednesday	Program Chm.	Personal Contact and Sci. Serv. Com.			No
Edgar							
Edwards							
Effingham	Monthly except July and August	3rd Thursday, 7:30	Program Chm.	Sci. Serv. Com.	Sci. Serv. Com.	Post Cards, Press	
Fayette	Not active						
Ford	Irregularly	No	Secretary	Personal Contact			
Franklin	Monthly	2nd Wednesday	Secretary	Secretary	Secretary	Post Cards, Press	Perry, Randolph, Union, Jackson, Williamson
Fulton	Monthly except July and August	No	Secy. & Sci. Serv. Com.	Sci. Serv. Com.	Secretary	Correspondence	No
Gallatin	Monthly	1st Monday	Secretary	Personal Contact	Secretary		No
Greene	Quarterly	2nd Friday, Mar., June, Sept., Dec.	Sci. Serv. Com.	Sci. Serv. Com.			
Hancock							
Hardin							
Henderson							
Henry	6 times a year	2nd Thursday 6:30 dinner	Secy. and Sci. Serv. Com.	Sci. Serv. Com.	Sci. Serv. Com.	Post Cards, Press	No
Iroquois	Monthly except June, July and August	3rd Tuesday, 6:30 dinner	Sci. Serv. Com.	Sci. Serv. Com.	Chairman	Press	No
Jackson	Monthly	No	Secretary	Personal Contact	No		See Franklin

County	*Meets*	*Meeting Date*	*Who Arranges Program*	*How Obtained*	*Publicity*	*Medium*	*Joint Meeting*
Jasper							
Jefferson-Hamilton							
Jersey	1 a year	No	President	No speakers	No.		Occasionally with Green Co.
Jo Daviess							
Johnson	Not active						
Kane	Feb., April, June, Oct., Dec.	2nd Wednesday	Sci Serv. Com.	Sci. Serv. Com.			
Kankakee	Monthly	2nd Friday noon luncheon	Sci. Serv. Com.	Sci. Serv. Com.	No.		
Knox	1 a Month except June, July and August	3rd Thursday, 6:00 dinner	Program Chm.	Personal Contact	Secretary	Correspondence	No
Lake	Monthly	2nd Tuesday	Program Chm.	Personal Contact	Publicity Com.	Bulletin	No
LaSalle	Monthly	2nd Thursday	Sci. Serv. Com.	Sci Serv. Com.	Sci. Serv. Com.	Press, Post Cards	Occasionally Bureau Co.
Lawrence	Monthly	1st Wednesday	Pres. & Secy.	Personal Contact	None		
Lee	Irregularly	Irregular	Program Chm. and Sci. Serv. Com.	Personal Contact and Sci. Serv. Com.	Sci. Serv. Com.	Post Cards, Press	Whiteside Co.
Livingston	Irregularly	Irregular	Personal Contact and Sci. Serv. Com.	Personal Contact and Sci. Serv. Com.			
Logan	Monthly	3rd Thursday	Sci. Serv. Com. and Personal Contact	Sci. Serv. Com.			DeWitt Co.
McDonough	Monthly except June, July, Aug., and Sept.	4th Friday, 6:30 dinner	Sci. Serv. Com. and Program Chm.	Sci. Serv. Com.	Sci Serv. Com.	Post Card, Press	No
McHenry	Monthly	3rd Thursday 8:00 p.m.	Sci. Serv. Com. And Secy.	Sci. Serv. Com.	Sci. Serv. Com.	Post Card, Press	No
McLean	Monthly except July and August	2nd Tuesday	Personal Contact	Occasionally Sci. Serv. Com.	Public Rela. Com.	Radio, Press	
Macon	Monthly	3rd Tuesday	Program Chm. and Sci. Serv. Com.	Sci. Serv. Com.		Post Cards, Press and Bulletin	No
Macoupin	Jan., March, May, July, Sept. and Nov.	4th Tuesday	Personal Contact and occasionally Sci. Serv. Com.	Personal Contact and occasionally Sci. Serv. Com.	Secretary	Correspondence	
Madison	Monthly	1st Thursday, 8:00 p.m.	Program Chm.	Personal Contact	Secretary	Bulletin	No
Marion	Monthly	3rd Thursday p. m.	Secretary and Sci. Serv. Com.				
Mason							
Massac	Monthly	2nd Wednesday	Pres. and Secy.	No. Speakers			
Menard	Irregularly	Irregular	Pres. and Secy.	No. Speakers			No
Mercer							
Monroe	Monthly	3rd Thursday	Secretary	Personal Contact	Secretary	Press	No
Montgomery*							
Morgan	Monthly	2nd Thursday	Secretary	Personal Contact and occasionally Sci. Serv. Com.	Secretary	Post Cards, Press	No
Moultrie	1 a year	No regular date	Pres. and Secy.				
Ogie	About 3 times a year	No regular date	Secretary	Personal Contact	Secretary		No
Peoria	Monthly; occasional special meetings	3rd Tuesday	Pres. and Secy.	Personal Contact	Secretary	Post Cards	No

County	*Meets*	*Meeting Date*	*Who Arranges Program*	*How Obtained*	*Publicity*	*Medium*	*Joint Meeting*
Perry	Monthly	1st Monday	Pres. and Secy.	Personal Contact and Sci. Serv. Com.	Sci. Serv. Com.	Post Cards, Press	See Franklin
Piatt							
Pike	Jan., March, May, July, Sept., Nov.	4th Thursday	Secretary (every other month—local speaker)	Personal Contact	Secretary	Press	No
Pope							
Pulaski							
Randolph	Monthly; bus. meet. every 3 mos.	4th Thursday	Secretary	Personal Contact	Secretary and Sci. Serv. Com.	Post Cards, Press	See Franklin
Richland							
Rock Island	Monthly except June, July and August	2nd Tuesday	Program Com.	Personal Contact	Secretary	Post Cards, and Correspondence	No
St. Clair	Monthly except July and August	1st Thursday	Program Com. and Secretary	Personal Contact	Secretary	Bulletin	No
Saline	Monthly except June, July and Aug.	Last Monday	Pres. and Secy.	Personal Contact	Secretary	Correspondence and Phone calls	No
Sangamon	Monthly except July and August	1st Thursday except holidays	Program Com.	Personal Speakers and Sci. Serv. Com. occasionally	Program Com.	Bulletin and Posters	No
Schuyler							
Shelby	Monthly	2nd Monday	Secretary	No Speakers	Secretary	Correspondence and Press	No
Stephenson	Monthly except June, July and August	Either 3rd or 4th Thursday	Pres. and Secy.	Personal Contact	Secretary	Post Cards, Press	No
Tazewell	Monthly	1st Tuesday, 6:30 p. m.	Secretary	Personal Contact	Secretary	Correspondence and Press	No
Union							
Vermilion	Monthly	1st Tuesday	Program Chm.	Personal Contact	Secretary	Bulletin	No
Wabash	Indefinite	Indefinite	Secretary		Secretary		Gibson Co., Ind.
Warren	Quarterly	Indefinite	Secretary and Sci. Serv. Com.	Sci. Serv. Com.	Secretary and Sci. Serv. Com.	Post Cards, Press Correspondence	No
Washington							
Wayne	Monthly	3rd Thursday p. m.	Secretary	No Speakers	Secretary	Press	No
White							
Whiteside	Monthly except June, July and August	3rd Thursday	Sci. Serv. Com.	Personal Contact and Sci. Serv. Com.	Sci. Serv. Com.	Post Cards, Press	See Lee
Will-Grundy	Bi-Monthly	2nd and 4th Thurs. 12:00 luncheon	Secretary	Sci. Serv. Com.	Secretary	Correspondence	No
Williamson	Monthly	1st Tuesday after 1st Monday	Secretary	Personal Contact	Secretary	Press	See Franklin
Winnebago	Weekly (Oct.-June) Monthly (Oct.-June)	Friday noon 2nd Tuesday p. m.	Officers	Personal Contact and Sci. Serv. Com.	Publicity Com.	Bulletin, Press	No
Woodford	Monthly except in winter months	2nd Tuesday	Secretary	Personal Contact	None		No

lar Disease; Leonard Weber, Contact Dermatitis (Eczema); Michael H. Streicher, Constipation: Clinical Application in Its Management; Eric Oldberg, Diagnosis and Treatment of Head Injuries; Frederick A. Jostes, Some Aspects of the Diagnosis and Treatment of Low Back Pain; Richard Capps, Liver Function: Practical and Theoretical Aspects.

Dist. 9,—Sept. 22, 1948, at Harrisburg.

O. P. J. Falk, St. Louis, Practical Points in the Management of Cardiovascular Problems; Ransom Buchholz, Evansville, Ind., Congenital Abnormalities of the Newborn Amenable to Surgical Therapy; Danely P. Slaughter, Office Diagnosis of Accessible Cancer; Samuel J. Taub, Recent Advances in the Diagnosis and Treatment of Asthma; Noel Shaw, The Rh Factor in Newborn; F. Garm Norbury, Jacksonville, Acute Infections of the Nervous System; R. K. Gilchrist, Surgery of the Colon from the General Practitioner's Standpoint.

Dist. 10, Apr. 7, 1949 at Du Quoin. Kilian F. Fritsch, East St. Louis, Rehabilitation of the Victim of Poliomyelitis; Edward H. Reinhard, St. Louis, Diagnosis and Treatment of Hemorrhagic Disorders; G. Lynn Krause, St. Louis, Diagnosis and Surgical Treatment of Polypi in the Large Intestine in Infants and Children; Willard O. Thompson, Diseases of the Adrenals; Harry M. Hedge, Birthmarks; Walter Stevenson, Quincy, Remarks as President-Elect and Crossed Eyes—A Medical and Economic Problem.

Dist. 11, Undetermined. For the first time, Springfield through the Sangamon County Medical Society requested a Postgraduate Conference. The program was scheduled for March 3 and the following speakers had accepted the invitation to participate: Paul Campbell, Dizziness; Edward Allen, Vaginitis; Percy E. Hopkins, National Compulsory Health Insurance; George E. Wakerlin, Pathogenesis and Treatment of Glaumerulonephritis; William S. Hoffman, Calcium and Phosphate Metabolism, and Karl Meyer, Management and Treatment of Complications of Gastric and Duodenal Ulcers.

Dr. James Graham, program chairman of the Conference in Springfield, canceled the Conference, when he learned that the date set was in conflict with the Clinical Conference of the Chicago Medical Society. Dr. Graham and the Sangamon County Medical Society are to be congratulated on their decision. It is this unity that marks the progress of the medical profession of Illinois.

The comment of the Postgraduate Education Committee concerning these conferences is as follows:

1. They constitute a very important and necessary factor in the scientific progress of a state medical society.

2. They are popular and well attended.

3. They should definitely be continued and as presently conducted—as one day conferences.

In conclusion both the Scientific Service and the Postgraduate Committees, wish to express their appreciation of the whole-hearted cooperation of Miss Ann Fox, Mrs. Kathryn Simmons and their associates in the Chicago office, as well as that of the Monmouth office in this important work.

Respectfully submitted, ROBERT S. BERGHOFF, M.D., *Chairman,* GEORGE A. HELLMUTH, M.D., *Vice Chairman,* WARREN H. COLE, M.D., FRANK DENEEN, M.D., F. GARM NORBURY, M.D., CHARLES O. LANE, M.D., N. C. BARWASSER, M.D., *Postgraduate Education Committee.*

REPORT OF THE COMMITTEE ON MEDICAL ECONOMICS

For the second consecutive year, the Committee on Medical Economics has fulfilled its objective of contributing one monthly article to the *Illinois Medical Journal.* Articles published and not included in last year's report were: "The Patient—A Human Being," April, 1948; "Medical Education of the General Practitioner," May, 1948.

Since then, the following original papers were published: "Medical Care of the Recipients of the Illinois Public Aid Commission," June, 1948; "Economic Significance of Pre-Employment Examinations," July, 1948; "Vacations," August, 1948; "Premarital Tests and Marriage Counseling," September, 1948; "The Pathologist in Group and Hospital Practice," October, 1948; "The Economic Conflict in Anesthesiology," January, 1949; "The Role of the General Practitioner in the Modern Hospital," February, 1949; "Admission to Medical School," March, 1949; "Medical Benevolence Fund," April, 1949.

Two years ago the Committee instituted the system whereby a backlog of articles was prepared. This has worked out so successfully that the Editor of the *Illinois Medical Journal* has had on hand regularly two articles ready for publication, while one or more were in process of being mimeographed for distribution to the Committee. Thus at the time this report is written, two articles are ready for publication.

It is significant that with the consistent and loyal efforts of some members of the Committee there has been a let-down by others. In spite of periodic reminders to Committee members that their contributions were due, the articles were not submitted. On February 15, the last reminder was sent to these members which, at the time this report was prepared, had met no response in the Chicago Office. This is unfortunate because the responsibility of meeting the Committee's obligation has fallen to eight of the sixteen members of the Committee. Two articles were the work of nonmembers of the Committee who were invited to prepare guest editorials because of the medical-economic interest in their particular fields. The members of the Committee who prepared two or more articles are to be congratulated, for it is their effort that has enabled the Committee to meet its obligation.

In September, 1948, Dr. Emmet B. Bay resigned, which resignation was accepted with reluctance by the Committee.

The Committee on Medical Economics, in keeping with its policy of holding one meeting a year, met during the last Annual Session, Monday, May 10. There was some variation in the thoughts of members as to the value of a monthly article on medical economics, but

it was the concensus of opinion that it afforded a great opportunity to discuss impartially the numerous economic conflicts within the medical field. The very dissidence of the members present at this meeting was considered a yardstick that reflected the thoughts of persons engaged in the practice of medicine, stemming from the obstacles and encroachments encountered in their daily practice.

The suggestion to "poll" the members of the Illinois State Medical Society was rejected after a lengthy discussion. Several times during the session, the Chairman introduced the thought that perhaps the scope of the Committee could be enlarged and that perhaps a richer fulfillment of the Committee's objective could be reached through a closer working relationship with other committees.

The positive advice in this action is pertinent in view of the happenings in Washington the past year. There is no doubt now that the present administration tends to socialized medicine. The threat is no longer imminent—it is here and it behooves every member of the Committee to assume the leadership in staving off further encroachments into medical practice. With bureaucratic invasion looming high on the horizon of medical practice the responsibility of this Committee is of paramount importance.

It is the recommendation of this Committee that every avenue of approach be explored and expressed in our monthly contributions to awaken lethargic members of the profession. To let George do it is not enough. We must all participate in this war of Washington bureaucrats. We must fight their propaganda to the public.

This Committee pledges its support to the work of other Committees, particularly the Committee on Medical Service and Public Relations, the Scientific Service, Postgraduate Education and Educational Committees. It pledges its support to the Council and this House of Delegates in carrying out any recommendation that may be submitted.

The Committee again wishes to specifically commend Miss Ann Fox for her untiring efforts and her perfection in liaison with the *Journal* staff.

Respectfully submitted, CHAUNCEY C. MAHER, M.D., *Chairman,* HUBERT L. ALLEN, M.D., EDWIN F. BAKER, M.D., CARROLL BIRCH, M.D., THOMAS C. BROWNING, M.D., ROLAND R. CROSS, M.D., JAMES GRAHAM, M.D., GEORGE H. HALPERIN, M.D., EDWIN S. HAMILTON, M.D., FORD K. HICK, M.D., EDWIN F. HIRSCH, M.D., JAY McDONALD MILLIGAN, M.D., MARIE WESSELS, M.D., WALTER M. WHITAKER, M.D., HOLLAND WILLIAMSON, M.D., *Committee on Medical Economics.*

REPORT OF THE CHAIRMAN OF ADVISORY COMMITTEE, STATE COMMISSION ON THE CHRONICALLY ILL

Three years ago when the Governor appointed a commission to investigate the care of the chronically ill it was done on recommendations made by the State Legislature. An Advisory Committee was appointed by the State Medical Society to work with this group of legislators and as a result a rather careful survey was made of the problems which have to do with the care of this type of individual. Your committee met with the commission on several occasions and it is felt that we were able to be of definite assistance to them in avoiding the usual errors a non-medical commission would be apt to make. The two groups worked together very satisfactorily and were able to supplement each other's needs. Certain recommendations were made by the commission and they were recommendations with which your committee could find no fault. They did not go through the last legislature because of the last minute rush in legislative affairs and because of an attempt on the part of the administration to hold down expenses. The results of the commission's deliberations were published in the "Second Interim Report" concerning care of the chronically ill in Illinois—published June, 1947. This 279 page volume is worth consideration and study by anyone interested in this work.

There was always a possibility that this might be reviewed and brought up on the legislative floor during the past session of the legislature and therefore your Advisory Committee was reappointed to be used in the event that there was such need. Since this was not brought up there has been no need for activity on the part of the committee and no meetings have been held. However, your committee has been available and ready in the event of need.

We feel at the present time that the committee should perhaps be continued merely as a precautionary measure, to be serving without any particular function unless the present administration decides to go into this problem all over again. In this event no doubt a new commission will be appointed, the members of which will have no familiarity perhaps with the work that has been done before. So in order to give them the necessary medical viewpoint it will be wise to have a committee continue to be available in the event of need. The only report at the present time is one availability in the event that the committee may be called upon.

Respectfully submitted, E. P. COLEMAN, M.D., *Chairman,* F. LEE STONE, M.D., W. W. FULLERTON, M.D., G. E. JOHNSON, M.D., CHARLES ALLISON, M.D., *Advisory Committee to State Commission on the Chronically Ill.*

REPORT OF THE FIFTY YEAR CLUB COMMITTEE

In January, 1938, the Council of the Illinois State Medical Society, realizing that many physicians in the State had been practicing medicine for fifty years or more, and wishing to do them just honor, organized the Fifty Year Club. The Club is a phantom organization without officers, dues, or meetings. Those physicians, whether members of the Society or not, who have been in the practice of medicine for fifty years or more, and are so recommended by their county Society, are eligible to membership.

Many county societies throughout the State hold special meetings to honor these "grand old men of medicine." To these meetings, not only the physicians in their Society, but the physicians in surrounding counties

are invited to attend, also their ladies and many personal friends who are not physicians.

At these meetings, the candidates are presented with a certificate of membership signed by the president and secretary of the State Medical Society, and also by the chairman of the Council. They are also given a lapel button that has inscribed on it, "Illinois State Medical Society. Fifty Year Club."

Since the authorization of this club 11 years ago, certificates have been issued to 652 members. It is not possible to give an accurate number of the physicians who are now members of the Fifty Year Club, as the mortality of these men is quite high and deaths are not promptly reported to the secretary of the Society. But the best of my knowledge, the present membership is 362, distributed as follows:

208 Downstate.

137 Chicago.

17 Residing in states outside of Illinois.

This is the largest membership we have ever reported and indicates that medical science is prolonging the span of life and that more physicians are becoming eligible to membership in the Fifty Year Club. For the past three years, the Illinois State Society has given a complimentary banquet to the members of this club. Each year an invitation is sent to every member inviting him to attend his luncheon, which is held at noon during the last day of the Illinois State Medical Society meeting. These get-together luncheons of physicians who have been practicing medicine for 50 years or longer is one of the most interesting groups sponsored by the Illinois State Society. No speeches are listed at these luncheons, but each member is given an opportunity to give an account of the most interesting or most amusing case encountered in his practice. These talks are limited to 5 minutes.

Respectfully submitted, ANDY HALL, M.D., *Chairman,* CHANNING W. BARRETT, M.D., E. H. OCHSNER, M.D., H. O. MUNSON, M.D., *Fifty Year Club Committee.*

REPORT OF THE COMMITTEE ON INDUSTRIAL HEALTH

During the past year your Committee on Industrial Health has been mindful of the increasing importance of the study of illness among industrial workers and its implications in the revolutionary changes in medical practice contemplated by certain govenmental agencies. We call to your attention that there have been an increasing emphasis on the presumption that the health of the employee is a major responsibility of his employer regardless of the cause of illness or disability. Greater demands are being placed on management to maintain medical and hospital benefits, sickness and accident insurance and welfare funds as an answer to the health needs of the worker. There is a tendency for this type of coverage with scheduled and limited benefits to extend to families and dependents of workers. This protection is frequently purchased at a minimum cost by payroll deductions and cancels out with unemployment. With variables in the stability of our industrial economy this type of protection affords a false sense of security.

Employee-Relations departments of industry are giving greater concern to the health problems of their workers—one large national employer has recently shifted the handling of personnel problems of his workers to the Medical Department. This widening field of industrial health responsibility places on the physician in industry the need of specialized training in administrative function as well as a sound medical and surgical education.

Your committee has participated with interest and frequently with action in the development of publicity on health among industrial workers—particularly on radio programs.

There is definite need in Illinois for a Division of Industrial Hygiene maintained as a fact-finding agency from which physicians, workers, employers, governmental agencies or any interested party may obtain unprejudiced and scientific assistance on problems affecting the relationship of illness to working environment. This need in the field of occupational medicine is almost entirely a health adjusting facility and the responsibility for its effectiveness should rest with the medical profession of our State.

The American Medical Association through the Council on Industrial Health has recognized the need for concern in the purpose and functioning of the Workmen's Compensation laws of the various States and is conducting a study through an appointed committee. Your committee commends this inquiry.

The committee wishes to express its appreciation to the various members of the Illinois State Medical Society who have participated with us in meetings, discussions, conferences and publication of papers on special aspects of Industrial Health.

Respectfully submitted, JOSEPH H. CHIVERS, M.D., *Chairman,* R. I. BARICKMAN, M.D., O. B. BOYD, M.D., R. J. BENNETT, JR., M.D., C. O SAPPINGTON, M.D., H. A. VONACHEN, M.D., *Committee on Industrial Health.*

REPORT OF ADVISORY COMMITTEE SURVEY ON CHILD HEALTH, AMERICAN ACADEMY OF PEDIATRICS

The Illinois Survey of Child Health Services has been completed. A copy was placed in the hands of each member of the Committee on February 14, 1949. A meeting of this Committee was held at the LaSalle Hotel Sunday, February 27, 1949. All members of the Pediatric Committee were present as was Dr. Henry Poncher, formerly State Chairman of the American Academy of Pediatrics under whose sponsorship this work was conducted. Dr. Kleinschmidt also attended the meeting.

Several changes have been advised in the hope of reducing it to a more concise form. It is now in the process of being revised.

After this is completed it will again be presented to the Committee and the final report and recommendations will be presented to the Council.

It is the desire of the group to have this work completed in order that it may be presented at the April meeting of the Council.

Respectfully submitted, JOHN F. CAREY, M.D., *Chairman,* GERALD CLINE, M.D., W. L. CRAWFORD, M.D., GEORGE L. DRENNAN, M.D., JULIUS H. HESS, M.D., E. T. McENERY, M.D., *Advisory Committee on Child Health Service, Advisory Committee, Survey on Child Health Service, American Academy of Pediatrics.*

REPORT OF THE COMMITTEE ON VOLUNTARY PREPAYMENT PLANS FOR MEDICAL AND SURGICAL CARE

The importance of our voluntary prepayment insurance program has been tremedously enhanced since it emerged from all the planning of recent months as the keystone of the long-term campaign against compulsory sickness insurance. Although it has, of course, been urged by organized medicine for several years, even greater emphasis is placed on it now, for, in all the strategic desisions of the campaign-planners, voluntary insurance holds first place among our weapons. Broad general acceptance of the voluntary policies will eliminate the need for federal compulsion.

The first duty of this committee, therefore, in reporting on the status of voluntary prepayment insurance to this house, is to reiterate these facts again and to urge once more that each delegate take back to his home society renewed appeals for every member to bring as many persons or groups as possible under some form of voluntary insurance against the costs of medical care.

1. An important event of the last year in this field has been the establishment by the Chicago Medical Society of the Chicago Medical Service, a Blue Shield Plan in cooperation with the Blue Cross Plan. Within the few short months of its existence this plan has shown substantial progress in bringing sizeable groups of employees under the banner of voluntary prepayment, and it is expected that, by July 1, 1949, close to 100,000 persons will have been insured. With an aggressive committee and the facilities of Blue Cross behind it, this plan will undoubtedly speed up the process of obtaining wide voluntary coverage. Rock Island County is about to start another Blue Shield Plan, while Winnebago County has an independent plan practically in operation.

2. The Illinois Plan, operated through private insurance carriers under the sponsorship of the Illinois State Medical Society, has meanwhile made steady progress. At present four insurance companies are selling the policies approved by the Society, one of them to individuals as well as to groups. These companies are: Aetna Casualty and Surety Company, Illinois Mutual Casualty Company, Metropolitan Casualty Insurance Company, and North American Accident Insurance Company. (The approval originally granted to a fifth company has been temporarily suspended, while a sixth has been removed from the lists.) Meanwhile efforts to interest additional companies are continuing. Recently a series of invitations to desirable companies has been issued.

Upwards of 85,000 persons had come under the coverage of the policies sold by these companies at the latest tally, with many more in prospect. One of the four companies, it is interesting to note, has recently written an approved policy covering the employees of the American Medical Association headquarters in Chicago.

3. The committee observes with regret that some of the major private insurance companies have so far failed to realize the importance of this type of insurance to the public, to themselves and to the medical profession, and have not yet submitted their sickness indemnity policies for our consideration, though all of them are selling such policies. It is possible, as a result, that the utilization of other types of insurance, such as medical care sponsored by consumer co-operatives and labor unions and Blue Shield service plans, should be considered for Illinois to supplement the coverage afforded by private insurance companies. Plans based on such principles are apparently thriving in other states to the satisfaction of both the general public and the medical profession. And, since our aim is to obtain the fullest possible coverage of the general public with voluntary insurance in order to defeat compulsory federal sickness insurance, we should not exclude such programs from our thinking.

4. Your committee has also been active in the organization of The Conference of Medical Prepayment Plans, composed of representatives of state medical societies with plans operated through private insurance carriers.

Your committee first helped sponsor an organization meeting in Chicago during the A. M. A. annual meeting in June, 1948, and then took part in a second meeting during the A. M. A. interim session in St. Louis in December, 1948. Further meetings are to be held. In addition to Illinois, Wisconsin, Minnesota, Rhode Island, Maine, Tennessee, Arkansas and South Dakota are represented in this group.

The purpose of the Conference is to provide a medium for exchange of ideas and experiences on services, enrollment and other problems common to those societies working out their programs through private insurance companies. The Conference was established with the full knowledge and encouragement of the Council on Medical Service of the A. M. A. and it has met with that Council. A member of the Council staff has been assigned to assist the Conference in its work and to further its aims.

5. With the great intensification of the campaign to defeat federal compulsory sickness insurance, growing out of the new activities of the A. M. A., plans are being drawn for a corresponding promotion of voluntary insurance in Illinois, to take advantage of the public interest aroused by the campaign and to carry out its aims.

The pamphlet describing the Illinois Plan has been again re-edited and brought up to date and a large printing has been prepared for wide distribution throughout the state. The demand for it is increasing. It has been sent to all county secretaries and postgraduate and other meetings. It is possible that a smaller pamphlet or leaflet, emphasizing selling points rather than descriptive, may be prepared. At the same time, a pamphlet describing the Blue Shield Plan is being distributed through Society agencies in Cook County.

6. A new revision of the basic principles guiding the Illinois Plan's operations has also been drawn up by this committee.

Respectfully submitted, PERCY E. HOPKINS, M.D., *Chairman,* WARREN W. FUREY, M.D., *Vice Chairman,* EDWIN S. HAMILTON, M.D., CHARLES P. BLAIR, M.D., DAVID B. FREEMAN, M.D., E. G. QUATTLEBAUM, JR., M.D., HARRY M. HEDGE, M.D., HAROLD M. CAMP, M.D., WALTER STEVENSON, M.D., JOHN W. NEAL, *Committee on Voluntary Prepayment Plans for Medical and Surgical Care.*

THE PRESIDENT: I wish to make a supplementary report.

Conforming to the principle of encouraging greater enrollment in and utilization of all types of voluntary prepayment medical care plans, the committee has continued its conferences with representatives of organized labor in Illinois and is of the opinion that, under suitable and commonly accepted safeguards, the Illinois State Medical Society should cooperate in encouraging the establishment of consumer-sponsored not-for-profit medical care plans in Illinois and it so recommends.

The committee further recommends that the Illinois Plan be expanded to include voluntary not-for-profit prepayment plans commonly in use and adaptable to Illinois and that the committee be authorized to proceed with the organization of such plans.

REPORT OF THE MATERNAL WELFARE COMMITTEE

The Maternal Welfare Committee has held three meetings in Chicago during the year. The principal order of business has been the study of the data collected by Dr. Newberger of the Division of Maternal and Child Hygiene of the Illinois State Department of Public Health. The histories of all pregnant women who died in Illinois during 1948 (excluding the Cook County Committee of Chicago) were carefully studied by the committee and each case was evaluated as to preventability or non-preventability. The material was reviewed anonymously. The committee members knew neither the name of the doctor or the hospital concerned with the death. The reports of the committee and of the deaths are kept in the Educational Offices of the Illinois State Medical Society to prevent possible misuse of this information by lay writers or others. Any doctor wishing a report of the committee findings of his own case, may, by writing to the chairman of the committee, obtain a statement of the analysis of the case. This information is withheld from all others.

So far as the committee is aware there has been no opposition to its activity. Most of the doctors whose cases have been studied have seemed anxious to further this work. The committee has enlisted the support of the members of the Illinois Obstetrical and Gynecological Society and they have been helpful.

The committee has cooperated with the Maternal Welfare Committee of the Illinois Obstetrical and Gynecological Society in helping to organize an obstetrical division of the staffs of all hospitals of the state doing maternity work, to the end, that problems peculiar to this type of medical practice will receive proper attention in all institutions.

Committee members in various councilor districts have appointed men in each county to study the problems of maternal welfare and bring to the committee recommendations for improvement in maternal service throughout the state.

It is significant to note that the maternal death rate for the state has sunk to an all time low rate of 0.72 per 1,000 live births in 1948.

Respectfully submitted, F. H. FALLS, M.D., *Chairman,* J. C. CAREY, M.D., W. I. LEWIS, M.D., J. B. WALLER, M.D., M. E. BITTER, M.D., R. R. LOAR, M.D., CARL GREENSTEIN, M.D., W. R. YOUNG, M.D., J. T. O'NEILL, M.D., W. C. SCRIVNER, M.D., A. B. OWEN, M.D., *Maternal Welfare Committee.*

REPORT OF THE MEDICAL ADVISORY COMMITTEE TO THE ILLINOIS PUBLIC AID COMMISSION

As in your committee's report for the last two years, this Annual Report contains a mixture of both good and bad.

Your committee has continued to maintain very favorable relations with the Illinois Public Aid Commission and has been, we believe, a considerable factor in helping maintain a high grade of care for the recipients of Public Assistance in the state, in conserving tax resources, and also in upholding the interests of the profession. We feel that we have been effective in reducing the amount of paper work involved and have continued to have the unqualified support of the Department of Public Assistance in doing what can be done by them to keep the collection of physicians' accounts as high as possible.

In doing this numerous problems have arisen. With the recent trend towards the development of new drugs, some of which are astoundingly high in price, it has been important to attempt to keep drug charges down to a reasonable minimum, still without interfering with the right of the individual physician to prescrib as he sees fit so long as it is kept within reasonable limitations brought about by the amount of funds available. The local medical advisory committees have increased in number and efficiency as time has gone by and the problems referred to the State Advisory Committee, other than those of general policy, are not as numerous as they formerly have been. This is a desirable condition because the State Advisory Committee, when compelled to act upon a problem that is local in scope, has to use its best judgment without sometimes a complete knowledge of the local situation. Your committee has undoubtedly made mistakes but has tried to keep them to a minimum and has tried to correct any errors which have been discovered whenever possible.

Many of the problems from the standpoint of the medical profession are due to a lack of knowledge of the program in its fundamentals and it seems necessary to repeat this. First of all, this is a Federal

program, it is part of the law of the country and as such will have to be complied with as is true with other similar types of legislation. In facing a Federal program which has major medical responsibilities, it is far better to go along in an advisory capacity than to oppose it because there are some things about it we do not like. The amount of funds is limited and the fee schedule has of necessity been adjusted to that applicable to the low income group. Furthermore, due to the wording of the Federal legislation, it is impossible for Federal funds to be used to pay the doctors directly. In cases that are hospitalized the hospital bill is paid with state funds only and therefore it is possible to have direct payment to the hospital. This constitutes only a small amount of the general fund used and the Federal funds are used for a major portion of the medical care program. Attempts have been made repeatedly to obtain direct payment but so far they have been unsuccessful. As was predicted last year, due to the reduction in the budget for the biennium, a decided deficit has developed and a deficiency appropriation is now being asked for. Shortly after this meeting a new budget will be considered by the State Legislature which will be somewhat in excess of that requested two years ago. The amount of this appropriation will determine whether or not any changes in the fee schedule will be possible. A year ago we were able to report an increase in surgical fees which made this program much more satisfactory to most of the communities in the state. Further increases have been discussed with the Public Aid Commission but nothing can be decided upon until the new budget and appropriation have been approved. The type of fee bill which has had the least improvement is that of the office and house visit and we are hopeful of achieving an increase in both of these, but again we will have to wait until the appropriation has been passed.

This Federal Aid Program is a part of the Social Security System and as such has many things which are objectionable. It has had a definite popular appeal and undoubtedly is here to stay. It is interesting to note that in Illinois the program has been administered by a group who are remarkably free from partisan politics and who have been working honestly and efficiently and doing a remarkably good piece of work. For example, the overhead of administration of this program averages around five per cent whereas in the other large states, such as Pennsylvania, New York, and California, the administrative costs are around fifteen per cent. The medical program in Illinois has been more effective than in many other states according to reports and the Illinois program, with the medical profession acting in an advisory capacity, is being copied in other states. The program has been highly successful in downstate areas. In Chicago it is only partially used and medical care is allowed in the home but not in hospitals because of the restrictions made by the hospital management itself. It is hoped that an agreement will finally be made with the Chicago Medical Society, the hospitals of Chicago, and the Public Aid Commission so that doctors can be paid for the hospital care of their own patients instead of having them on the charity service as is done at the present time.

Your committee has held meetings almost monthly at the same time the Council Meetings are held and any problem of urgency is taken care of by mail in the interim. While a few cases of abuse on the part of the doctors have been reported, most of them are due to misunderstanding and the great majority have been settled easily and amicably. There are a few exceptions to this statement. Your committee is still of the opinion that the local advisory committees are a very important adjunct in this program and also that they are a great factor in developing local medical leadership in each community. It is quite probable that they will be called upon to act in a local advisory capacity in other situations which may be developing within the next year; for example, the United Mine Workers Health and Sickness Fund. In any of the cases that have been called to the attention of the committee in reference to abuses every effort has been made to protect the interest of both the patient and the doctor involved. This has been done to the best of our ability insofar as was consistent with good public policy. It should be recognized that there are a few circumstances which cannot properly be defended.

In retrospect it appears to the committee that the service rendered by the commission is a valuable one to the aged and the children who are otherwise wards of the state. That the medical profession is seeing to it that they obtain excellent medical care, and that the remuneration, while not on an entirely satisfactory basis, is in the majority of instances better than it would ordinarily be from this type of patient with the accompanying type of income.

Paper work has been reduced to a minimum and it felt that if the Public Aid Commission is permitted to continue as it has for the past few years problems will be gradually diminished and while they will never be entirely eliminated, will be kept to the point where the program will be recognized as being not only definitely beneficial to the recipients but also satisfactory to the majority of the medical profession.

It is reported that efforts are being made to consolidate the Public Aid Commission with the Department of Public Welfare. Your committee feels that this would be a decided mistake because each one is a full time job for an administrator who has to be particularly qualified for this type of work. If the two are combined one service or the other will have to suffer, or it will simply be the addition of a third administrator to be in charge of the other two. This would give rise to a needless political appointee, would add to the overhead, and would probably decrease the efficiency of each department. It is to be hoped that the two state departments can be carried on separately as they are now with the resulting increase in efficiency which experience and practice have permitted each group to develop.

Respectfully submitted, E. P. COLEMAN, M.D., *Chairman*, EDWIN S. HAMILTON, M.D., B. E.

MONTGOMERY, M.D., JULIUS H. HESS, M.D., HARLAN ENGLISH, M.D., PERCY E. HOPKINS, M.D., HARRY M. HEDGE, M.D., HAROLD M. CAMP, M.D., *Ex-Officio. Advisory Committee to the Illinois Public Aid Commission.*

REPORT OF THE COMMITTEE ON MEDICAL HISTORY

Up to the present the Committee has every reason for encouragement. In our earlier efforts to establish a broad and wise basis upon which to work, naturally there were many intricate problems before us. These I feel have now largely been removed.

The early committee and Dr. Zeuch had left practically no notes, indices, references, comments, etc., that would be helpful for future publications. The principal reason for this was the early death of Dr. Zeuch; likewise, the death, or early removal from the scene of others who were active in issuing Vol. I. The present Committee therefore was obliged to again start pretty much from scratch.

Then with time and the progress of events, the problem has become far more complicated. At one of our first meetings the Committee discussed the need of Medical Libraries and by physicians of an Illinois Bibliography of medical men. Many felt this was basic in our history studies and was one of our first needs. It was practical too, since both doctors and librarians were at present spending much time in searching a poorly indexed literature for even simple data concerning Illinois physicians. It was for this and some other reasons too that we arranged to employ Miss Salmonsen, an experienced Librarian from Crerar Library, to undertake this work. It is well under way. Miss Georgia Price and Miss Elizabeth Carr, qualified librarians are assisting Miss Salmonsen. A general pattern or form of procedure has been accepted, and arranged in such a way that the many thousands of names can be completed *chronologically*. Thus, if necessary, the work may extend over a relatively long period of time. Admittedly it is a big job. But surely all our venerable members of past years deserve at least some records in available form for posterity. Most professions now have bibligraphic data of the members arranged conveniently in one way or another.

In further discussions of the Committee the problem of the specialties arose. Dr. Zeuch brought up his history to approximately 1850. Before this time there were no specialties, practically speaking. So Dr. Zeuch could tell the story of earlier medicine in Illinois in a simple and quite nontechnical way. He told of the pioneer settlements in their development and growth and of the service rendered to them by the pioneer doctors. His accounts related chiefly to the lives of individual physicians classified, to a large degree, on the basis of counties and sections of the State where these men practiced. By approximately 1850, the entire State was occupied by settlers. From then on, growth was largely internal, rather than by extension outwardly into new territory. This was important historically for both civil and medical reasons.

The approximate date of 1850 was therefore an appropriate time to terminate Dr. Zeuch's Volume 1, and to begin the historical discussion of the next period, namely, from 1850 to approximately 1900. This next period was a very different one in many ways. The 1840's have come down to us, dubbed the "roaring" forties. They were roaring because of the complexity of problems arising in a rapidly expanding society. This rapid expansion required just as rapid adjustments. The fifties roared too, culminating in 1860 in the violent Civil War, which for 5 years shook the very foundations of the entire country.

Immediately following Zeuch's Vol. I, it will be necessary to relate the medical history of that "roaring" period including the Civil War. Illinois occupied the most pivotal position of any State in the Union during the War. It became the State of Lincoln, Grant and Logan. The doctors reacted magnificiently but their story has never been told adequately. Therefore, this should be one of the first objectives in preparing further chapters and volumes.

This period of 1850, or thereabouts, was crucial in other ways in medicine. The doctors became conscious of the force and power of organization as never before. In the late forties, the A. M. A. was organized, and in 1840, the Illinois State Medical Society. Innumerable smaller societies and groups were formed for educational purposes and for discussion of medical problems.

Then at about that same period a host of other problems descended upon them. These resulted largely from the great discoveries in medicine and in allied sciences which demanded not only their attention but also their education and training along highly specialized lines. Following are some of the discoveries leading to the specialties:

(a) The use of anesthetics (ether, chloroform, etc.) in the 1840's.

(b) The concept of Cellular Structure (Schleiden and Schwann).

(c) The work of Rudolph Virchow on Cellular Pathology (issued in 1859).

(d) The biological Theory of Evolution by Darwin (issued in 1859).

(e) In the early 1860's, Pasteur began his work on the bacterial causation of disease, which later culminated in the complete revolution of all our ideas on infections, inflammation, asepsis and antisepsis, etc.

(f) Emerging from the above were sanitation, pasteurnzation, antiseptic surgery, vaccines, serumtherapy, specific diagnosis, specific and chemical therapy, etc.

These events together with many others, placed upon the medical profession a responsibility such as it had never experienced before in history. During the half century roughly between 1850 and 1900, there arose such an array of discoveries, inventions, technics, special and general hospitals together with an ever-expanding medical literature that the profession at times seemed bewildered. No wonder that some refused to believe in such ideas as the germ theory of causation or in all the intricacies of the cellular hypothesis.

One of the results, among many others, naturally was the rise of the specialties, as already stated. The capacity of the human mind and the problem of time

simply did not permit the individual to master the entire field. The Doctor's dilemma soon became clarified. Either he must be satisfied with a "smattering" of the total, or ignore the details of a large part of medicine and concentrate on a relatively specialized field. We all know the result. To this day some follow one course, some the other. The question is still a live one for debate.

In our discussions, the question of the importance of preserving unity has arisen several times. A thread, whatever may be its *color,* should run through the contributions from beginning to end.

There are two ways to preserve unity under the circumstances. First, each contributor should ever be on the alert to relate specific problems to more general problems and principles. Some of this relational work can and I think should be done in the body of the paper. Then, to again emphasize this unity the contributor may wish to write at the conclusion a *concise* statement concerning the many ways the specialty in question is related to general medicine through anatomy, physiology, pathology, and bacteriology. Here also may be presented the broader relations of medicine to society—for example, to government, to economics, to industry, to civic affairs, to general history, etc.

Second, a comprehensive Monograph or Volume should be prepared using both the data in the Biographical Volume and that set forth in the specialty contributions. The emphasis should be directed to the relational data and toward tying together the several fields into a comprehensive whole. The significant advances should be made to stand out in their proper perspective, whereas the lighter and more speculative matter should be properly subordinated to the more weighty material.

It is putting the cart before the horse to first decide how many volumes or chapters should be devoted to these various historical contributions. Medicine in Illinois, when it was happening, did not concern itself with the possible number of pages that some day might be necessary for an adequate history of itself. However, we must be practical and reasonable about such a matter. There are limitations that should and must be considered. But let us not alter or stunt a logical arrangement of presentation of data because of present circumstances. It would be wiser and in the end more satisfactory if we arranged our general program so that if necessary the work may be deferred for a relatively long time.

The history we have been considering in our discussions is one that will never end. That is as it should be. Whenever possible therefore, all arrangements and contributions should be elastic and subject to change. Medical History above all topics can never be static.

It may be wise at the present time not to be too explicit in shaping up subjects, volumes, monographs, chapters, etc. The entire project is in an early and developmental stage. For practical purposes only, might we suggest some such system as follows:

(1) A biographical volume—arranged from the beginning on a chronological basis to be amplified from time to time as the material comes to hand.

(2) A series of contributions, chapters, monographs, etc., covering the specialties, especially their origin from approximately 1850 to 1900. (We should not split hairs over time intervals. The rise or growth of a specialty may require a few years extension before or after 1850 or before or after 1900.)

(3) A comprehensive overall contribution knitting together the several fields of medicine including allied sciences and subjects, and analysing and emphasizing both unity and disunity during the 1850-1900 period. The length of such contribution is now problematical.

For writing the specialty contributions, the Committee has felt that only Doctors of long experience and possessing a keen interest in the history of their specialty should qualify. Therefore much time already has been devoted by the Committee to a search for such persons. Several have been selected and are now preparing their manuscripts.

It is important to assist and encourage in every possible way the historical work of all the medical groups, both county and special societies, throughout the State. Steps in this direction already have been taken, especially by promoting the study of local medical history, the assembling of data, etc., by the women's auxiliary groups.

The Chicago Medical Society (Cook County) because of its size has required certain special considerations. A committee on medical history some two years ago was appointed by this society, with Dr. J. P. Simonds as chairman. In order to correlate the work of this committee with that of the State Committee, Dr. Simonds has been made a member of the latter. At present discussions are proceeding in this basis. Overlapping and unnecessary repetitions thus may be avoided and certain economies effected.

Respectfully submitted, JAMES H. HUTTON, M. D., *Chairman,* J. J. MOORE, M. D., CHARLES P. BLAIR, M. D., D. D. MONROE, M. D., E. H. WELD, M. D., H. M. CAMP, M. D., GEORGE COLEMAN, M. D., J. P. SIMONDS, M. D., DAVID J. DAVIS, M. D., *Permanent Historian,* (Submitting report for the Chairman.) *Committee on Medical History.*

REPORT OF THE COMMITTEE ON MILITARY AFFAIRS AND EMERGENCY MEDICAL SERVICE

Three meetings were held by this Committee during the past year. The major attention of your Committee has been devoted to the large and involved problem of providing medical service to the large number of casualties which may result from natural disasters or by reason of enemy use of atomic bombs, guided missiles or biological warfare.

Your Committee has worked closely with the Council on National Emergency Medical Service of the American Medical Association. Plans developed by other States and by large metropolitan areas have been studied regarding their applicability to the situation in Illinois. It is realized that the extent of emergency medical services cannot be contained within State boundaries. Liaison action and planning is contemplated with neighboring States.

Because of the plans developed in the Philadelphia area, the Chairman traveled to Philadelphia in February for a first-hand study of the manner of organization.

County chairmen of civil medical defense service have been appointed for each county in Illinois. These physicians were chosen by their county medical societies for this important task. They are all veterans of World War II and most saw overseas service, many in combat areas. Only a few hold reserve commissions. These county chairmen will be the key men in the medical care of casualties resulting from natural disasters or enemy action localized in their respective counties and in adjacent areas. They will head a local organization of general practitioners and specialists which must be self-sufficient not only in personnel but in supplies, facilities and planning as well. The "grass roots" theme must prevail in this regard. County units will be brought together into twelve district units, grouped according to the twelve centers of population with the State. Liaison will be established with other professional groups and other organizations peculiarly fitted to assist in this immense undertaking.

No official pattern for organization has yet been offered by national authority. However, the Office of Civilian Defense Planning has compiled "Civil Defense for National Security" and did submit this report, commonly referred to as the "Hopley Report," to Mr. Forrestal, Secretary of Defense, on October 1, 1948. This report submits a National, Regional, State and Community plan for civil defense for national security. This was promptly released by Mr. Forrestal to serve as a guide for future action by interested groups. This plan has been studied by your Committee and has been found to be largely applicable to the medical casualty problems in Illinois.

Several conferences have been held with the Officers of the Illinois National Guard whose functions affect casualty relief. A communication has been sent to Governor Stevenson by the Illinois State Medical Society advising of the degree of organization of the medical profession in Illinois and recommending the appointment of an Illinois War-Disaster Commission which would direct further correlated action by all professions and public agencies concerned.

Continuing study is being made as to the advisability and feasibility of the "walking blood bank" principle to insure adequate blood for the treatment of the immense number of casualties which may develop.

Drafting of doctors for service in the medical departments of the Armed Forces appears near at hand, (see April 1949 issue, *Illinois Medical Journal*). On February 25, 1948, Secretary of Defense Forrestall stated that the armed forces face a very serious shortage of medical officers. Many medical officers now on duty with the armed forces received their medical education at government expense during the war years in the A. S. T. P. and V-12 programs while in uniform and are now completing their required two years of service. Replacements must be secured promptly or it will become necessary to ask Congress for a "doctor draft." Mr. Forrestal has appealed to the 15,000 young physicians of all ages who received their education through A. S. T. P. and V-12 programs and who saw no military service, to volunteer for service as medical officers to replace the 2,100 doctors now on active duty whose release during the next few months is contemplated. Approximately 500 physicians have replied to the communications from Mr. Forrestal and the A. M. A. requesting commissions. This falls far short of the number of replacements needed. There are 459 physicians under twenty-six years of age residing in Illinois who are considered "available." They all have been contacted by Secretary Forrestal and the A. M. A. Twenty-six of those who replied indicated their desire to seek commissions; 391 presently reside in Cook County while 42 are located downstate. Realizing that the Medical Procurement Program has not accomplished its objective, namely, adequate medical manpower, this Committee is now formulating plans for personal interviews with each of the physicians whom it is believed are morally obligated to serve in the medical departments of the Armed Forces.

Your Committee attended the semiannual meeting of the Council on National Emergency Medical Service of the A. M. A. at the headquarters of the A. M. A., Chicago, March 21, 1949, and heard of the program in Civil Defense Planning, the Medical Activities of the National Securities Resources Board, the Medical Activities of the Armed Forces Medical Advisory Committee and a panel discussion of the Medical Officer Procurement Program. Out of the meeting came the conclusion that from three to five years would be required to complete an organization for civil defense

The Committee has made every effort to cooperate with national and local groups in expediting and coordinating ideas, programs and actual design.

It has made every sincere effort to carry through the aims and ideals of this House of Delegates in cooperating with the designated national authorities. While a complete pattern has not been established, the Committee has endeavored to do what it could with the existing information available through official channels. It expresses its appreciation for the confidence of this executive House of Delegates and wishes advice and counsel for its future activities.

The Committee realizes the vast importance and implications should a national draft of physicians be enforced and urges every member of the Illinois State Medical Society to harbor a similar awareness.

Respectfully submitted, EARL H. BLAIR, M.D., *Chairman,* F. T. BRENNER, M.D., PLINY R. BLODGETT, M.D., PHILIP LEWIN, M.D., GILBERT EDWARDS, M.D., KENNETH H. SCHNEPP, M.D., LEO P. A. SWEENEY, M.D., *Committee on Military Affairs and Emergency Medical Service.*

REPORT OF ADVISORY COMMITTEE TO THE WOMAN'S AUXILIARY

The following report is presented regarding the activities of our Woman's Auxiliary.

Again this Committee desires to emphasize the debt of appreciation we believe the Society owes them for their valuable work in supporting Organized Medicine.

During the past fiscal year the President, Mrs. L. N. Hamm, of Lincoln, has demonstrated her able executive ability and leadership which, with the willing cooperation of her officers, has secured worth while results in the various objective endeavors outlined by them at the beginning of the year, together with some others subsequently suggested by this committee.

Only a few of the more important are cited herein as follows:

Public Relations meetings have been held by many Auxiliary groups throughout the State with lay audiences, such as Women's Clubs, P. T. A., and other assemblies, at which Government Controlled Medicine has been discussed. These audiences, including members of the Auxiliary, have been requested to write their Congressmen opposing this Health Bill.

Organization has received energetic attention and, as a result, several new County Groups have been installed.

The Benevolence Fund has received liberal contributions.

Searching for historical data to complete "The History of Medical Practice in Illinois" has received special attention.

Subscription sales of *Hygeia* has favorably progressed.

Much more could be written concerning the activities of the Woman's Auxiliary. Suffice to state, your Committee concurs in the opinion that they constitute an important adjunct of the Society, and are deserving of our support and hearty commendation.

Respectfully submitted, DARWIN B. POND, M.D., *Chairman,* H. KENNETH SCATLIFF, M.D., E. G. BEATTY, M.D., HAROLD M. CAMP, M.D., *Advisory Committee to the Woman's Auxiliary.*

REPORT OF THE COMMITTEE ON TUBERCULOSIS

There has been a great deal of healthy and helpful activity the past year on the part of the various tuberculosis control organizations throughout the state and never before has there been as fine accord and cooperation. All workers seem determined to find a sure and rapid method to finally eliminate tuberculosis morbidity and mortality among the citizens of Illinois. To enumerate all the boards, committees and associations joined in this work would take up too much space, but it does comprise practically every one from the State Department of Public Health to the smaller County Health Department and Tuberculosis Association, all of them working with the family physician, county medical societies and the State Medical Society.

The family physician is still the keystone of the arch of tuberculosis control and the reporting of all cases, which must precede all other anti-tuberculosis campaigns, is still the most pressing problem from our standpoint. The physician can be the contact ring around the patient as the center making contact with those bodies devoted to tuberculosis control, or he can be the insulating ring, to the detriment of the patient and the public.

If every family physician would familiarize himself with the Mantoux Test and would perform it on every patient that enters his office or do a chest x-ray on all adults and then report his cases promptly we would see a remarkable change in the picture over the state.

Hospital admission x-rays on all patients has come to the fore as a means of finding hidden cases. 6,000,000 people enter the public hospitals of this country yearly and a great percentage of these are elderly people who have not had a tuberculosis diagnosis.

Tuberculosis in those of middle and elderly age is harder to find than in younger years but is just as great a menace. These people usually are not covered in industrial surveys, school surveys, food handlers, etc. and offer a prolific field for finding tuberculosis that would not otherwise be uncovered. In several of the larger cities of Illinois this program is carried out with the cooperation of the hospitals, county medical societies and local tuberculosis associations. A chest picture on every patient admitted to Illinois general hospitals should be our aim.

Considerable legislation will be introduced in the 66th General Assembly to carry out a program to provide needed hospital beds and funds to take care of programs of control but how the various plans will come out at the end of the session depends on the energy with which this legislation is pushed by those interested. Every member of the Illinois State Medical Society should keep informed on their progress and make contact with his State Senator and Representatives and express his views on the matter.

The Committee for Eradication of Tuberculosis of which Dr. James H. Hutton and Mrs. Laura Hughes Lunde are co-chairmen and whose membership comprises many organizations, such as Illinois State Medical Society, Chicago Medical Society, Tuberculosis Institute of Chicago and Cook County, Illinois Tuberculosis Association, Illinois Congress of Parents and Teachers, Illinois Federation of Womens Clubs, State Department of Public Health, Cook County Health Department, Chicago Municipal Tuberculosis Sanatorium and others has evolved a program to present to the Legislature under three headings:

(1) Build three additional 250 bed State tuberculosis hospitals—two in Chicago and one downstate (a new 100 bed State Sanatorium is now under construction at Mt. Vernon).

(2) Appropriate $3,000,000 to the Illinois Department of Public Health. This fund is to be used to assist local sanatorium boards to care for cases if their tax has been completely levied but funds raised still are not sufficient to carry out their tuberculosis control program.

(3) Transfer to the Illinois Department of Public Health $875,000 which was allocated in 1947 to build a sanatorium in Savanna, Illinois, in the northwest part of the state. This sanatorium was not built and the appropriation lapsed. This fund would be used to assist local sanatoria to enlarge or modernize existing facilities, with the understanding that they would accept out-of-the county patients whenever beds are available.

The budget of the State Department of Public Health has considered and included these three plans.

In addition the Governor's Budgetary Commission has approved the inclusion for grants-in-aid to tuberculosis sanitorium boards on the basis of need. This would be sufficient to give necessary aid to down-state sanatorium programs but would not be sufficient to give much aid to Chicago or provide any tax relief to down-state localities.

The State Department of Public Health has recommended the following proposed appropriations for the Extraordinary Budget for the 66th General Assembly.

1. Mt. Vernon State Tuberculosis Sanitorium	
Completion of construction	$ 725,000
Furnishing and equipment	225,000
Operation for 6 months	224,155
2. Chicago State Tuberculosis Sanitorium	
Completion of construction	280,339
Furnishing and equipment	405,250
Operation for 6 months	771,110
3. Institute for Tuberculosis Research	
Completion of construction	261,000
Furnishing and equipment	100,000
4. Hospital Construction, renewal	5,750,000
5. Permanent Improvements in State Laboratory Building at Chicago	155,000
6. For grants to county tuberculosis hospitals for alterations and expansion of buildings.	1,000,000
7. Construction, new wing State Laboratory Building in Chicago	1,500,000
8. State Public Health Building in Springfield to house the Department of Public Health	4,542,000
9. Construction new tuberculosis hospitals	
2 of 250 beds each in Chicago	7,500,000
Land for same	300,000
1 of 200 beds downstate	3,000,000
Land for same	50,000
Total	$26,789,574
REAPPROPRIATIONS:	
1. Hospital Construction Projects	$3,100,000
2. State Tuberculosis hospitals	
Chicago	4,850,000
Mt. Vernon	800,000
Total	$8,750,000

(The 65th General Assembly appropriated $4,675,000, $5,000,000 and $850,000 for these three items respectively. Although these funds have been obligated, construction will have progressed far enough by September 30, 1949, to justify payment of contracts and commitments.)

Item No. 6, $1,000,000 "For grants to county tuberculosis hospitals for alterations and expansion of building," is of primary importance at this time. Several of the larger sanatoria downstate are currently utilizing their maximum budgets for the care and treatment of patients with the result that necessary repairs and alterations are postponed. These institutions, if granted financial assistance, could add much needed beds at a minimum cost.

Item No. 9 includes provision for building a new 200-bed tuberculosis hospital downstate. This would be in addition to the new 100-bed sanatorium under construction at Mt. Vernon. According to the recent hospital survey conducted by the State Health Department, the area south of an imaginary line drawn from Quincy-Springfield-Danville has at the present time 256 hospital beds for the tuberculous. To satisfy minimum standards a total of 802 beds should be available in this area or a 546 bed deficiency. With construction of 300 new beds, we will have a deficiency of 246 beds for southern Illinois. It is vitally important that new beds to hospitalize active cases are constructed, if we are to eradicate tuberculosis. Local tax funds cannot begin to do the job—state funds must be made available. The 66th General Assembly can do much to help eradicate tuberculosis, a communicable disease which killed 7,772 persons in Illinois in 1947.

Your committee recommends that the Illinois State Medical Society endorse these legislative programs, as outlined above and asks its members to use their influence in their local communities to create sentiment favorable to the passage of such an appropriation program in the State.

Respectfully submitted, FRED M. MEIXNER, M.D., *Chairman.* FRANK J. SMEJKAL, M.D., ROBERT K. CAMPBELL, M.D., O. L. BETTAG, M.D., *Committee on Tuberculosis.*

REPORT OF THE COMMITTEE ON CANCER CONTROL

The program in the State of Illinois inhibiting the ravages of Cancer is augmented greatly by the activities of Dr. John A. Rogers, Executive Director, Illinois Division, American Cancer Society, and Dr. G. Howard Gowen, Chief of the Division of Cancer Control, Deparement of Public Health. In fact, most of the activities center about these two organizations, which we are happy to report work with complete coordination. Much, in fact most of the data included in this report represents data submitted by Dr. Rogers and Dr. Gowen.

"The Illinois Division of the American Cancer Society, Inc., has continued to expand during the past year. Twenty new organized chapters have been added so that there are now a total of seventy scattered throughout the state, and much progress has been made in organizing the metropolitan Chicago area. Several chapters have been organized within the city, based somewhat on the branches of the Chicago Medical Society. They follow natural geographical divisions within the city, such as West Suburban, which includes Oak Park and River Forest; North Side, which includes Evanston and the towns north. These chapters are identical in organization with the various county units. The basic organization of the Society has remained the same.

Mr. Edward Foss Wilson, president of the Wilson Packing Company, is president of the Division. Mr. Bertram J. Cahn, president of Kuppenheimer, is chairman of the Board of Directors. Mr. Gerald Sivage, assistant to the president of Marshall Field & Company, is Chairman of the Executive Committee. Dr. George E. Wakerlin has continued as chairman of the Medical and Scientific Committee.

The campaign for funds last year amounted to $785,218.00. This represented a considerable increase over the year before. In accordance with national policy, 40 per cent of this sum, or $314,086.00 was sent to the national organization. It is interesting to note that the national society returned to Illinois institutions $183,867.00 in grants-in-aid to individual cancer research men, $330,000.00 in institutional grants and $16,046.00 for fellowships, or a total of $529,913.00. The prospects for the annual campaign for funds in April, 1949 are bright since the organization required for a financial undertaking of this magnitude has been greatly improved.

The program of professional education has been continued. A five day course was held during January, 1949 and our seventh cancer refresher course will be given during the first week of April. This program is conducted at Northwestern University School of Medicine (Mercy Hospital), the University of Chicago School of Medicine and Michael Reese Hospital. Great credit is due to the faculty and staffs of these institutions for their cooperation in providing such excellent instruction on such important matter as the early diagnosis and treatment of cancer. One-day cancer symposia will be held in several districts of the State Society.

During October 1948 a program of instruction on oral cancer was given for members of the dental profession. The central program was held at the University of Illinois College of Dentistry on six Wednesday evenings, from seven to nine P. M. The attendance at each of these programs was about two hundred and the course was broadcast by long distance telephone to dental societies in five of the major cities of Illinois.

The program of public education has continued at an increased tempo. This program is based on the paradoxical character of cancer, namely the inevitably fatal termination unless eradicated but a disease which has a high rate of curability in the early stage and that has an insidious painless onset which fails to alarm the victim. Hundreds of thousands of pieces of literature have been distributed, cancer exhibits were conducted at fifteen county fairs, educational films have been shown nearly two thousand times and many groups in industry and labor groups have been provided with speakers. Personal contact with the principals of 964 public high schools has resulted in the cooperation of the faculty in including the study of cancer in the curriculum.

The Illinois Division now operates eighteen cancer information centers where counseling service is provided to individuals seeking help about a personal or family cancer problem. No medical advice is given and the aim is to urge persons applying to seek competent medical advice.

There are nine loan closets scattered throughout the state which provide patients with essential sick room articles which even include hospital beds. There are 152 groups of volunteer workers who have made and distributed 84,000 cancer dressings to cancer victims.

A transportation corps of volunteers has been organized for the purpose of transporting cancer patients from their homes to Cook County Hospital for necessary treatments and return to their homes. These patients are carefully selected by the authorities at Cook County Hospital and are those who would or could not come by ordinary transportation. Two thousand such trips have been made by the transportation corps. These women have now raised sufficient money to present a new station wagon to the Illinois Division which will be used for this purpose. Another station wagon is in the offing, it being planned to use one for South Side and one for North Side areas.

The Illinois Division has provided grants for additional nursing service to cancer patients in Chicago, Rockford, Peoria, Elgin, Aurora, Alton and Decatur.

We have continued to support cancer detection centers located at the Women's and Children's, Henrotin, Grant and Mercy Hospitals. It is expected that some six thousand apparently well persons will be examined in these centers during the period of a year. If pathology is found, a report is forwarded to the family physician. The examination is very thorough and complete.

A special committee of the Division, of which Danely P. Slaughter was chairman, developed a plan for a practical examination for the detection of cancer which may be given in any physician's office. This plan is not perfect but it is estimated that such an examination will detect from 60 to 70 per cent of accessible cancer. Approval of the plan has been given by the Cancer Committee and the Council of the State Society. The proposal has been sent to the presidents and secretaries of all county medical societies in the state. It is hoped that a county medical society will adopt a uniform examination for a uniform fee. The effect of such a simplified plan on medical public relations is incalculable and should go a long way in supplying the public demand for such an examination.

The Illinois Division has continued to assist several diagnostic clinics in Chicago and downstate. Fellowships in training in clinical cancer have been provided at the University of Illinois, totaling $6,600.00.

A cancer exhibit for installation at the Museum of Science and Industry has been under preparation at the Illustration Studios of the University of Illinois for a period of almost two years. Plans have now reached a definitive stage, construction has been started and it is expected that the exhibit will be opened to the public during the latter part of April. This is an ambitious exhibit designed again to carry the cancer story to the public and will be seen by hundreds of thousands of people each year."

Under the guidance of Dr. G. Howard Gowen, Chief, Division of Cancer Control, the State Department of Public Health, their program has increased in scope particularly in the establishment of cancer diagnostic clinics downstate and in the preparation of small pamphlets for distribution to lay people.

"1. The number of State-aided cancer diagnostic clinics has been increased from 19 to 20. The new clinic is located at the Evanston Hospital, Evanston, Illinois.

The establishment of State-aided cancer diagnostic clinics has been approved by the County Medical Societies in Mercer County, Will-Grundy County and the Jefferson-Hamilton County.

The clinics at St. Joseph's Hospital, Joliet; Good Samaritan Hospital, Mt. Vernon are in the process of being established. The clinic at Aledo will be established as soon as the hospital is completed which will be some time after July 1, 1949.

2. We have continued our program of improving the diagnostic facilities at each clinic by attempting to supply as rapidly as possible certain types of modern equipment.

3. We have continued our policy of sending medical health officers to the cancer refresher courses in Chicago. Three health officers attended the January course and five were scheduled to attend the April course but unfortunately the dates conflicted with the annual meeting of the Illinois Public Health Association.

4. Four nurses were sent to the Institute on Cancer which is being held at the St. Louis University—March 7 to 25, 1949.

5. We have continued the policy of encouraging the cancer diagnostic clinics to invite in special teaching consultants at intervals and we, of course, pay the honoraria and expenses.

6. We prepared and distributed 4,400 sets (15 posters each) of cancer posters in downstate Illinois. This would make a total of 66,000 posters. These were presented in industries, high schools, local business concerns, railroad stations, libraries, county buildings, home bureaus, farm bureaus and so forth.

We are now in the process of compiling some information received by us from industries using our posters as to their apparent effectiveness. We can say at this time that they met with almost unanimous approval and in practically every instance it was indicated that if we ever prepared a new series, they would be more than welcome.

7. During the year we prepared four new lay-educational pamphlets entitled "Cancer of the Breast," "Cancer of the Uterus," "The ABC of Cancer," and "Cancer the Killer." The first three listed are two-page fliers. The one entitled "Cancer the Killer" is an eight-page pictorial story of cancer in color.

8. We have just begun a program of paid newspaper articles. These are prepared in a simple brief form each one taking up one of the important signs or symptomes of cancer. The same article is presented in all of the downstate newspapers at the same time. We are attempting to determine which is more effective, the daily newspaper or the weekly newspaper. Once we have made up our minds in this regard, we will limit these releases to one or the other. There are 600 daily and weekly newspapers outside of Chicago, in Illinois.

9. We have completed a survey of downstate Illinois deep x-ray therapy facilities. This is now in the hands of the Illinois Society of Radiologists. As soon as that group decides how it wishes the facts found presented, we will write them up for publication.

10. We have completed a study of the value of TB chest surveys as a medium for the early diagnosis of neoplasms of the chest. This report is being written up and will be ready in the near future.

11. We have finally, in cooperation with our Division of Vital Statistics, been able to begin punching, tabulation and analysis of reports received by us from the various State-aided cancer diagnostic clinics. This information will be completed as soon as possible for publication.

12. In cooperation with our Division of Public Health Dentistry, we have attempted to bring the dentist more intimately into the field of cancer diagnosis as related to the oral cavity and the area immediately around the oral cavity. This has been done through the medium of letters, pamphlets and similar agencies. We purchased 500 copies of the cancer manual for dentists prepared by the Connecticut Dental Society. This is undoubtedly the best publication of this sort in the country. The dentists were notified that the publication was available and that copies would be sent upon request.

13. We have continued our program of attempting to supply the deficit created when the Illinois Cancer Bulletin ceased to be published. During the past 12 months we have sent seven articles on the subject of cancer to all downstate physicians.

14. During the past year, we sent three of the pathologists from our cancer diagnostic clinics to take the course in exfoliative cytology given by Dr. George Papanicolaou of Cornell University.

15. During 1948, the American College of Surgeons made an inspection of all of the State-aided cancer diagnostic clinics and either approved or tentatively approved 16 of the 19 then in existence. We mention this because it brings out the fact that in promoting and supporting these clinics we make every effort to bring them to the ultimate goal of approval by the American College of Surgeons. By the end of 1949 our ratio of approval will be considerably higher."

The Committee on Cancer Control of the Illinois State Medical Society has been giving thought to methods of disseminating information to physicians; the possibilities of production of a movie were discussed, but abandoned because many movies have already been produced in this field, or are in preparation. The Committee thought that preparation of a manual on Cancer by the State of Illinois would be desirable at least for serious consideration. The manual published by the Cancer Committee of the Iowa State Medical Society is quite good but we do see ways in which improvement could be made. Illustrations might be added. However, this would be a costly venture and the Council of the Illinois State Medical Society is of the opininon that studies should be made of this project, obtaining information regarding subsidy and a report be made several months later after the urgency of the fight against Socialized Medicine has become less acute.

Respectfully submitted, WARREN H. COLE, M.D., *Chairman.* H. E. DAVIS, M.D., ROSWELL T. PETTIT, M.D., E. F. HIRSH, M.D., T. C. GALLOWAY,

M.D., CHARLES L. LEONARD, M.D., *Committee on Cancer Control.*

REPORT OF THE COMMITTEE ON NUTRITION

Your Committee has had no meetings. We have contacted the Program Committee for the Annual Meeting to have an outstanding speaker on this subject, but to no avail. For what reason, we do not know. The way most of those on that committee complain about their food, one would think they would be more interested.

Respectfully submitted, G. C. OTRICH, M.D., *Chairman.* HARLAN ENGLISH, M.D., E. P. COLEMAN, M.D., JOHN P. O'NEIL, M.D., L. J. HUGHES, M.D., *Committee on Nutrition.*

REPORT OF THE COMMITTEE ON RURAL MEDICAL SERVICE

During the past year the Committee on Rural Medical Service has been quite active in the promotion of a variety of mechanisms by which we feel the Society can improve its rural public health relations, as well as its rural medical service to the individual rural citizen. We started the year out by implementing the Farmer and Doctor Loan Fund, and loaned money to three students at the University of Illinois, one from Clay County, one from Hancock County, and one from Washington County, plus one student at Loyola University from Pulaski County. There are several applications for student loans for the October 1949 medical year. Considerable nationwide publicity attended our initiation of the Farmer and Doctor Loan Fund Board. The State Society was pointed to by many other State Societies and groups as assisting in the solution of a difficult problem by this mechanism.

During the winter the committee on Rural Medical Service put on two Rural Health Conferences in Illinois, one in Mt. Vernon and one in Peoria on successive days. The following programs were discussed: "Opportunities in Medicine and Related Fields," "Tuberculosis, What It Costs, and What Can Be Done About It," "The Hospital Construction Act, What It Means to Your County," "The Issue of Compulsory Health Insurance." These four panels were discussed at the Mt. Vernon meeting, and at the Peoria rural conference, two further panels were added; one on "County Health Departments, What They Cost and What They Can Do," and the second, "Cancer, What Can Be Done with It." The assistance of many men in Illinois Medicine insured the success of these two conferences and the 350 chosen rural citizens who attended were pleased with the presentation, and suggested we have this type of thing more often.

At the time this report is being written, your committee is planning a dinner meeting with 50 internes and 25 residents from the rural areas of Illinois, to be held in Chicago the latter part of April, at which time available location in Illinois will be shown to these men; plus a panel discussion on "How to Conduct a Practice," "What Equipment to Buy," "How to Select and Employ Assistants," and "How to Manage One's Finances." Only the future will tell how successful this venture is, but it has the endorsement of the leading medical educators of Chicago, and we are hopeful as a committee that it will assist in the solution of letting available personnel know the current areas of need within the State.

During the past year about 9 new health improvement associations have been formed in 9 different counties in the State of Illinois, to distribute the cost of hospital care as widely as possible over the rural population. These have been rather enthusiastically received by the counties in which they have been started and represent to our way of thinking, a step in the right direction. The potentialities of the Committee on Rural Medical Service are rather enormous and we are making an effort to implement any good, sensible ideas that any member of the Society has to offer.

Respectfully submitted, HARLAN ENGLISH, M.D., *Chairman.* G. C. OTRICH, M.D., W. I. LEWIS, M.D., EDGAR C. COOK, M.D., J. C. REDINGTON, M.D., *Committee on Rural Medical Service.*

REPORT OF THE COMMITTEE ON ETHICAL RELATIONS

Again it is the pleasure of this Committee to report to the House of Delegates that no formal complaints have been referred to it for investigation to be reported back to the Council. It is extremely gratifying to note that in so serious a time when the future of the Medical Profession at times seems a little clouded, that apparently physicians are working more cooperatively than ever before.

It is the opinion of the Committee, two of whom have been members for several years, that most of the differences that arise between Doctors can be settled on a local level at their County Society.

Of course, every year many questions arise which are referred to the Committee but even these have been less in the past few years.

Respectfully submitted, E. S. HAMILTON, M.D., *Chairman.* C. H. PHIFER, M.D., G. E. JOHNSON, M.D., *Committee on Ethical Relations.*

REPORT OF THE COMMITTEE ON CONSTITUTION AND BY-LAWS

The Constitution and By-Laws Committee has not had any direct referral of business since the last Annual Session of the House of Delegates.

Two matters of importance have however been suggested for consideration:

(1) The new Constitution and By-Laws of the American Medical Association has been completed and adopted and there may be some conflicts with our State Constitution. Since the last general revision of our Constitution was done in 1941, it is suggested that study be made in the coming year to revise and streamline, if possible, the present Constitution and to bring it in line with that of the A. M. A.

(2) Chicago Medical Society has sponsored the early entrance of young physicians in organized medicine, one of these efforts has been directed toward residents in training. Section 4, Article IV of our Constitution works an undue hardship on the young man and on the

County Society in that it provides for dues at a special rate of half of the per capita amount fixed by the House of Delegates, which for the current year amounts to $7.50. It is suggested that the present Section 4 of Article IV be deleted and that the following be adopted in its stead:

Section 4—"After being duly licensed to practice medicine in the State of Illinois a physician serving full time as a certified resident in a hospital or medical institution in the State of Illinois approved for graduate training for a medical specialty by the Council on Medical Education and Hospitals of the American Medical Association may enjoy all of the privileges of full membership at a special rate of $5.00 per annum as long as he serves as a resident; thereafter the full rate shall apply."

Resident members must fulfill the qualifications of Section 2 of Article IV.

Respectfully submitted, WARREN W. FUREY, M.D., *Chairman.* H. NOLAND FISHER, M.D., PLINY R. BLODGETT, M.D., *Committee on Constitution and By-Laws.*

REPORT OF THE ADVISORY COMMITTEE TO THE VETERANS ADMINISTRATION

A new annual contract, embodying a new fee table, to be in force for one year, was signed July 1, 1948, between the Veterans' Administration and the Illinois State Medical Society. The fee table includes several changes from the table previously used, but we believe that, in general, the sums received under the new contract will average at about the same level.

There has been some complaint, principally because of misunderstanding of the new fees, but copies of the new contract and fee table have been sent to all county medical societies and it is hoped that this will eliminate the misunderstanding.

For the year 1948 the Veterans' Administration supplies the following details of operations under this plan:

Pension examinations	26,941
Paid to Physicians	$242,286.71
Average per patient	$9.00
Treatments	24,929
Paid to Physicians	119,863.77

The Veterans' Administration has expressed the opinion that relationships with and service rendered by the physicians of the Illinois State Medical Society have been very satisfactory and much appreciated and hopes that this relationship will continue.

Dr. B. F. Cockrell, chief medical officer of this region and his staff have been entirely cooperative in the joint effort to make this program function and the committee feels, that, whatever may be the shortcomings of this program, Dr. Cockrell's work warrants our appreciation.

PERCY E. HOPKINS, M.D., *Chairman.* F. LEE STONE, M.D., *Vice-Chairman.* WALTER STEVENSON, M.D., HAROLD M. CAMP, M.D., *Advisory Committee to Veterans' Administration.*

REPORT OF THE COMMITTEE ON CRIPPLED CHILDREN'S CLINICS

Crippled Children's Clinics in Illinois, both in Cook County and throughout the State are well organized.

Those throughout the State are conducted by several agencies. The principal ones are:

1. The Illinois Elks Association Crippled Children's Committee;
2. Division of Services for Crippled Children, University of Illinois, under the supervision of Dr. Herbert R. Kobes;
3. A number of independent Crippled Children's Clinics sponsored by individual County Medical Societies.

The Elks Association:

Clinics held—1948	150
Total examinations	2,371
Number of cases hospitalized	175
Number of hospitals used	9

Division for Crippled Children, University of Illinois, under the supervision of Dr. Kobes included the following:

County	*Site of Clinic*	*No. of Clinics*	*Total Visits*
Adams	Quincy	3	185
Alexander	Cairo	4	216
Clark	Casey	2	86
Clay	Flora	1	42
Cook	Chicago Heights	6	234
	Evergreen Park	4	141
	Glenview	3	98
DeWitt	Clinton	2	82
DuPage	Hinsdale	12	631
Effingham	Effingham	1	53
Fayette	Vandalia	1	38
Gallatin	Shawneetown	1	52
Greene	Carrollton	2	77
Iroquois	Watseka	3	80
Jefferson	Mt. Vernon	2	114
Kane	Aurora	2	56
	Elgin	2	59
McDonough	Macomb	3	172
McLean	Normal	6	208
Madison	Alton	3	183
Marion	Centralia	2	93
	Salem	2	110
Massac	Metropolis	1	31
Montgomery	Litchfield	2	109
Morgan	Jacksonville	2	100
Peoria	Peoria	24	1516
Perry	DuQuoin	2	88
Pike	Pittsfield	2	88
Pope	Golconda	1	31
St. Clair	East St. Louis	12	782
Shelby	Shelbyville	2	99

Union	Anna	1	41
Vermilion	Danville	4	189
Wayne	Fairfield	1	46
Whiteside	Sterling	6	312
Will	Joliet	6	171
Winnebago	Rockford	12	544
Totals		145	7157

The above are General Clinics at which diagnostic orthopedic, pediatric, speech and hearing examinations are provided.

Crippled Children's Clinics held in Chicago and Cook County.

CHICAGO GROUP. Medical Schools and Hospitals.

University of Illinois. Out patient Orthopedic Department:

Clinics held per week 10.

9593 patients treated during the past year. Of this number the majority were children.

Loyola Medical School. Clinics given at Mercy Hospital Dispensary.

One clinic per week for crippled children.

Two clinics per month for spastic cases.

Northwestern Medical School. Montgomery-Ward Clinics held, 4 per week for children.

Chicago Medical School. In connection with Mt. Sinai Hospital.

Clinics held, 4 per week.

The number of crippled children treated is not available.

University of Chicago. This is a pay clinic. Statistics not available.

St. Luke's Hospital.

Clinics held, 4 per week.

Approximate number of patients per week, 38. Clinical visits 1011.

Michael Reese Hospital. Mandel Clinic.

Clinics held, 1 per week.

Patients treated 256. 806 clinical visits.

Presbyterian Hospital. Central Free Dispensary.

Clinics held, 3 per week. Average patients per clinic 36. Clinical visits 183.

Provident Hospital.

Clinics held, 12 per month. An average of 50 patients are treated at each clinic.

Shriners Hospital.

Clinics held, 2 per week.

Approximately 200 patients are treated per month.

Children's Memorial Hospital.

Clinics held, 4 per month.

500 patients treated during 1948.

Cook County Hospital.

Clinics held, 6 per week.

1257 patients treated during year 1948.

Cook County Department of Public Health.

This department under Physical Therapy Treatment headings conduct several Physical Therapy Treatment Clinics in Cook County outside of Chicago. They are as follows:

1. Berwyn, Illinois, 1 clinic per week.
2. Des Plaines, Illinois, 1 clinic per week.
3. Harvey, Illinois, 1 clinic per week.
4. Chicago Heights, Illinois, 1 clinic per week.
5. Maywood, Illinois, 1 clinic per week.
6. Evergreen Park, Illinois, 1 clinic per week.

1061 patients were treated during the year 1948 and 1265 home visits were made.

Conclusions.

In the City of Chicago the number of crippled children's clinics and their hospitalization facilities are adequate to give proper treatment to the present number of crippled children, both in the acute and chronic stages.

Downstate clinics are held on a average of three or four times a year in most of the centers. Throughout the State of Illinois clinics are held in most of the counties. The locations of these are such that almost all of the crippled children can be brought to the clinics regularly.

Respectfully submitted, FRANK G. MURPHY, M.D., *Chairman,* HERBERT R. KOBES, M.D., GERARD N. KROST, M.D., RALPH G. PEAIRS, M.D., CHARLES PAPIK, M.D., *Committee on Crippled Children's Clinics.*

REPORT OF THE COMMITTEE ON VENEREAL DISEASE CONTROL

The Division of Veneral Disease Control, under the able direction of its Chief, Leonard M. Schunman, M.D., has been very cooperative with the committee during the past year. The major emphasis has been on professional education through the policy of postgraduate education in venereal disease for clinc directors and health officers. The Division was able to send six technicians and three health officers to the postgraduate course in Hot Springs Medical Center. The past year too saw the initiation of a professional bulletin of technical information for private physicians known as the Physician's Bulletin of Venereal Disease Control. This is meeting with great success. The Division has similarly prepared an informational bulletin analyzing trends and activities of the various health jurisdictions of the state in the field of venereal disease control.

The Selective Service case finding techniques which proved so successful in World War II were instituted as a divisional activity with the re-activation of Selective Service. On the medical aspect the Division is maintaining its awareness of newly approved and recommended schedules of therapy and is making an attempt to keep the practicing physician abreast with this newer knowledge of therapy; also to assist private physicians in following their patients serologically by quantitative tests. The Division of Laboratories were also able to institute routine quantitative Kahn testing irrespective of the request of the private physician. This has proved to be a very effective check on the results of the therapy, in the treatment of venereal disease. An intensive venereal disease case-finding program is in the making for this year. The objective of the program is to acquaint the public with symptoms of early Syphilis, the danger of untreated Syphilis, the ease, speed and effectiveness of treatment and the availability of diagnostic and treatment services in order to en-

TABLE 1—REPORTING OF VENEREAL DISEASES BY ALL SOURCES AND BY PRIVATE PHYSICIANS
ILLINOIS — CALENDAR YEARS — 1947-1948

DISEASE AND STAGE	NUMBER OF CASES REPORTED			
	TOTAL CASES		PRIVATE PHYSICIANS	
	1947	1948	1947	1948
SYPHILIS	19,360	17,006	8,622	8,461
Primary and Secondary	5,195	3,844	1,768	1,655
Early Latent	5,863	5,108	2,200	2,047
Late and Late Latent	7,753	7,553	4,466	4,547
Congenital	549	501	188	212
GONORRHEA	36,794	28,664	5,947	5,568
CHANCROID	421	343	30	21
LYMPHOGRANULOMA VENEREUM	421 226	187	3	6
GRANULOMA INGUINALE	57	54	5	5

courage persons who now constitute the undiscovered source of infection to seek early treatment.

Attention is called to the two tables, *one dealing with morbidity reporting for the calendar year* 1948 *as compared with the corresponding period of* 1947, as well as a table on rapid treatment facility admissions of downstate Illinois patients for the calendar year 1948 as compared to the preceding year.

It will be noted from Table I that there has been a decrease of 18.6 per cent in reported cases of venereal disease in 1948 as compared to 1947. The decrease for syphilis alone was 12.2 per cent and gonorrhea represented a decrease of 22 per cent. Though there has been some decline in private physician reporting of syphilis, the decrease for them is not as pronounced as the decline for all reporting agencies. In addition to this it may be noted that the ratio of early syphilis (primary, secondary and early latent) reported to all syphilis reported for both private physicians and other agencies has maintained itself fairly well in this past year. The difference of approximately 2 per cent (a decline) is probably not statistically significant.

Table II, which deals with downstate Illinois cases admitted to rapid treatment facilities at State expense, will indicate that the total admission loads have maintained themselves in 1948 as compared to 1947. Two observations are worthy of note in this connection. We feel that the total load was maintained primarily by the increased admissions of patients with early central nervous system involvement, a condition which, prior to early 1948, was not eligible for rapid treament in contracted facilities. The increase of such admissions overbalanced the decline in admissions of early infectious or potentially infectious syphilis. The second observation alluded to deals with the decline in utilization of downstate hospital facilities in favor of the two special centers in Chicago and St. Louis. This latter trend is felt to be the result of referral of special problem cases for careful evaluation which were admitted to these two large centers in favor of the downstate facilities where diagnosis and evaluation are but routine. It is estimated that approximately 50 per cent of all admissions to all facilities were referred by private physicians.

For the fiscal year 1948, 368 treatments given by private physicians were at State expense as compared to 527 in fiscal 1947. This was for patients who lived in areas inaccessible to clinics where they would have received indigent care and who could not be hospitalized for various reasons.

The increase in distribution of drugs to private physicians noted in fiscal 1947 has continued in the fiscal year 1948. The increase in penicillin distribution noted in our last report has maintained itself in fiscal 1948. Whereas in the preceding year over 11 billion units of penicillin were distributed to private physicians, public clinics, hospitals and institutions and rapid treatment centers, in fiscal 1948 there was a further increase of 145 per cent for a total of 27 billion units.

Contact investigations by the Illinois Department of Public Health have continued to show improvement for this period over the preceding year. A 6 per cent improvement has been noted in total contacts examined and in contacts treated through the number of infected contacts found, in relation to those examined, remained at about the same percentage (29 per cent.) The improvement in the examination of contacts was noted not only for all such contacts irrespective of the source of contact information (private physicians, health departments, Armed Services, out-of-state referrals) but also for those revealed by private physicians. In line with the reduction in total numbers of early infections and potentially infectious syphilis cases and gonorrhea cases reported, there was a similar decline in the total number of contact referrals and investigations.

DOWNSTATE ILLINOIS CASES ADMITTED TO RAPID TREATMENT FACILITIES FOR THE CALENDAR YEARS 1947-1948

Rapid Treatment Facilities	*Period*	*Total Admissions*	*SYPHILIS*					*GONORRHEA*	*OTHER VENEREAL DISEASES*
			Primary and Secondary	*Early Latent*	*Late and Late Latent*	*Congenital*	*Central Nervous System*		
Downstate Illinois	Jan. to Dec. 1947	840	549	238	15	36	2	—	—
Hospital Facilities	Jan. to Dec. 1948	685	340	242	27	33	43	—	—
Downstate Illinois	Jan. to Dec. 1947	93	57	20	15	1	—	—	—
Special Ambulant Study	Jan. to Dec. 1948	179	79	75	13	10	2	—	—
Chicago Intensive	Jan. to Dec. 1947	267	116	82	16	11	26	14	2
Treatment Center	Jan. to Dec. 1948	298	81	85	27	17	83	2	3
St. Louis Midwestern	Jan. to Dec. 1947	404	218	103	8	15	44	13	3
Medical Center	Jan. to Dec. 1948	444	185	123	30	14	79	5	8
All Hospital Facilities	Jan. to Dec. 1947	1,604	940	443	54	63	72	27	5
	Jan. to Dec. 1948	1,606	685	525	97	74	207	7	11

Respectfully submitted, I. H. NEECE, M. D., *Chairman,* HARRY CULVER, M. D., NORRIS J. HECKEL, M. D., J. E. WHEELER, M. D., *Committee on Venereal Disease Control.*

In Table I a comparison of venereal disease reporting for 1947 and 1948 by all reporting sources and private physicians has been made.

46,254 cases of venereal disease were reported to the Illinois Department of Public Health in 1948 as compared to 56,858 in 1947, a decrease of 18.6 per cent. Significant decreases in 1948 were apparent for syphilis (12.2 per cent), gonorrhea (22.1 per cent), chancroid (18.5 per cent) and lymphogranuloma (17.3 per cent). A slight increase was noted in the granuloma inguinale reporting.

Although the reporting of early syphilis cases is still in greater numbers than those in the late stages, a sharp decline (19.0 per cent) in the reporting of primary, secondary and early latent cases of syphilis is noted in 1948. A similar decline is noted for gonorrhea in 1948, although the number of cases (28,664) still represents one of the highest totals for gonorrhea reporting in Illinois.

The over-all decrease in reporting of venereal disease by private physicians in 1948 as compared to 1947 was 3.7 per cent. Syphilis cases reported by private physicians in 1948 (8461) and gonorrhea (5568) represented slight decreases from the syphilis and gonorrhea figures in 1947; these differences were 1.9 per cent for syphilis and 6.4 per cent for gonorrhea. In 1947 forty-six per cent of all syphilis cases reported by private physicians were in the infectious and potentially infectious stages; however, in 1948 this percentage decreased to 43.8 per cent, indicating a slight diminution in early syphilis case finding.

It will be noted, however, that though a decline in over-all venereal disease reporting occurred, private physicians in 1948 reported 14,061 cases or 30.4 per cent of the total number, as compared to 14,607 or 26.0 per cent in 1947.

Table II. The rapid treatment program of the Illinois Department of Public Health, utilizing private hospital facilities on a per diem basis, has maintained its popularity in 1948. Besides agreements with 20 private hospitals in downstate Illinois, downstate patients have access to the two rapid treatment centers in Chicago and St. Louis. A special study of ambulant therapy, which was developed in 1947 in three large health department centers, was still in operation in 1948. Private physicians and venereal disease clinics may refer cases of early syphilis, congenital syphilis and syphilitic pregnancies, as well as asymptomatic neurosyphilis to these institutions for rapid treatment at State expense.

Table II presents a comparison between the years 1947 and 1948 of the number of downstate Illinois cases admitted to rapid treatment facilities. Total admissions in these facilities remained at the same level in 1948 as it was in 1947. Although there was an 18.5 per cent decrease in admissions to downstate facilities, increases were noted in the total admissions for the ambulant therapy study (92.5 per cent), Chicago Intensive Treatment Center (11.6 per cent) and St. Louis Midwestern Medical Center (9.9 per cent). Though there was a slight decline in the number of early cases of syphilis admitted to all rapid treatment facilities, the total number of admissions to these facilities remained the same, due to the increased number of admissions of asymptomatic neurosyphilis cases.

REPORT OF THE WOMAN'S AUXILIARY

As President of the Woman's Auxiliary to the Illinois State Medical Society, I wish to submit the following report:

1. MEETINGS. Three meetings of the Board of Directors of the Woman's Auxiliary to the Illinois State Medical Society have been held this year. These include the Post-Convention board meeting and two regular board meetings in November and March. A Pre-Convention board meeting will be held on May 16, 1949 in Chicago.

The annual conference for County Presidents and Presidents-Elect was held during the November board meeting. At this conference, the outline for the year's work was discussed by State Officers and County Presidents.

The President has had complete cooperation of all officers in carrying out the work of the Auxiliary.

2. ORGANIZATION. As in former years, organization has been one of the auxiliary's main objectives. We are proud to report the organization of two new counties this year: Crawford County, organized on December 9, 1948, and Mercer County, organized on March 23, 1949. Several new members at large have been added to the Auxiliary list of members.

The Auxiliary wishes to thank the Councilors of the State Medical Society and Presidents of County Medical Societies for their cooperation in our organization work.

The Auxiliary now has twenty-two organized counties and members at large in eleven counties, making representation in (31) thirty-one counties.

3. BENEVOLENCE. The Treasurer has sent a check for One Thousand Two Hundred Forty-One dollars and twelve cents ($1,241.12) to the benevolence fund to date. Six counties have yet to send their contributions to the fund before the close of the year in May.

4. PUBLIC RELATIONS. The Auxiliary has continued to develop and maintain contacts with other organizations in the various communities. Through these contacts Public Relations programs have been arranged in nearly all organized counties. Such subjects as Pre-Payment Medical Care, Cancer, Tuberculosis and related health programs have been brought before the public.

Several counties use local radio facilities to bring these subjects to the attention of the community.

Student Nurse Recruitment and Welfare programs are being carried out in a number of Auxiliaries.

5. LEGISLATION. This phase of Auxiliary work has developed greatly this year. All counties are cooperating in the fight against the proposed Compulsory Health Program. Qualified speakers on this subject are being presented to lay groups. One Auxiliary member has spoken before more than thirty lay groups. All

Auxiliary members have written Congressmen opposing the proposed Compulsory Health legislation. They have contacted friends asking them to also send such letters to Washington.

A list is being prepared for use by the Speakers Bureau of the Medical Society, of lay organizations in which Auxiliary members are active.

Material is being sent by the State Speakers Bureau to the women who attended the Speakers Conference held in Chicago in February. The legislative chairman has kept in close touch with all counties and mailed out all information received from the National Chairman. Every county legislative chairman is receiving the Bulletin sent by the American Medical Association from Washington.

It is the earnest desire of all members of the Auxiliary to be of further help to the Medical Society in this most important fight against Political Medicine.

6. HYGEIA. Hygeia, the authentic health magazine, has been placed in schools, hospitals, libraries, and other public reading places by the Auxiliary. By this means, the Auxiliary hopes to stimulate health education.

7. SCHOOL OF INSTRUCTION. One school of instruction has been held this year, another is scheduled to take place in April. The school of instruction is presided over by the State Directors, at which time County Officers and chairmen are instructed in their duties or office, ideals and purposes of the organization.

8. MEDICAL HISTORY. The Auxiliary is carrying out the request of the Medical Society in filling out the history blanks which pertain to deceased doctors in the state. The Cook County Auxiliary is working directly with Miss Salmonsen in checking and filing these blanks as they come in from all over the state. This is a most tremendous project and the Auxiliary is proud to be of assistance.

9. PRESIDENT. As President, I have visited the following county auxiliaries this year: Adams, Bureau, Madison, Peoria, Sangamon, St. Clair, Vermilion, and Warren. I have attended all but one meeting of my own auxiliary. Invitations have been accepted to visit Cook, Tazewell, and a joint meeting of Logan, Sangamon and Tazewell Counties, before the year has been completed.

The meeting called by the State Society Committee for Speakers in February held in Chicago, was also attended.

The annual convention of the Woman's Auxiliary to the American Medical Association, held in Chicago in June, 1948, was attended, as well as the fifth annual conference for State Presidents and Presidents-Elect, held in Chicago in November, 1948.

The twenty-second annual meeting of the Woman's Auxiliary to the Michigan State Medical Society, held in Detroit in September, 1948, was attended. Invitations to be present at State annual meetings in Missouri, Kentucky, Georgia and Indiana were received by the President, but official duties in her own State prevented acceptance of these invitations.

Close contact has been maintained with State Officers, State Chairmen and County Presidents throughout the year. It has been most gratifying to have had such splendid cooperation from all concerned.

As President, I wish to thank Dr. Percy E. Hopkins, President; Dr. Darwin B. Pond, chairman, Advisory Committee of the Illinois State Medical Society and mittee members, Dr. Harold M. Camp, Dr. H. Kenneth Scatliff, and Dr. E. G. Beatty, for their splendid cooperation and assistance during the year. To serve under their guidance has been a distinct privilege.

Respectfully submitted, JOSEPHINE HAMM, (Mrs. L. N. HAMM) *President, Woman's Auxiliary to the Illinois State Medical Society.*

THE PRESIDENT: There is no unfinished business so we will proceed to new business. We have with us today a gentleman who has been cooperating with Dr. Coleman's Committee. This is a Committee appointed by the Council to confer with Dr. Sharp, Area Medical Administrator of the Medical, Health and Hospital plan for the United Mine Workers Welfare and Retirement Fund. If there is no objection it would afford me pleasure to present Dr. Cecil A. Z. Sharp to very briefly discuss this project.

DR. CECIL A. Z. SHARP: I have been asked to work with the United Mine Workers Welfare and Retirement Fund and help them in establishing their medical care program in this area. The medical care program in Illinois has been in operation only eighteen weeks. The medical care and hospitalization program for the United Mine Workers has been put into operation in some twenty-eight states. Ours is the first and only medical care program that is being placed in operation without limitations for necessary medical care. It is our plan to provide complete medical and hospital care, of the type that is recommended by the family physician, for all beneficiaries of the Welfare Fund and eventually for all working members of the United Mine Workers of America and their dependents.

The Fund is providing a pension of $100.00 per month for elderly miners and is providing a $1000 death benefit for their families. We have something like 1000 men killed annually in mining accidents. The Fund provides a $60 a month disability benefit for the disabled and a benefit for the widows and orphans. All of these people are known to us as beneficiaries of our welfare fund. Many of these people were taken from the relief rolls in Illinois and are now receiving their assistance from us. In addition to their surgical and hospital care at this time, we are providing complete home and office care to all beneficiaries. We have something like 500 doctors, 40 hospitals and 100 druggists in Illinois who are participating in our program. We are now providing the beneficiaries of the Fund complete medical care; except eye glasses and dentistry. In the last two weeks the Fund has authorized the provision of complete hospital care and necessary medical care while in the hospital to all working members and their dependents which means wives and children under 18 years. Our union members are the people you have been treating in the past and they will come back to you as their physician. We recommend that they go back to their own family physician, if he will cooperate with our medical care plan. The bills the physicians are giving

us are quite moderate. They are in line with those given to the Veteran's Administration. We do not want them as low as the public assistance bills nor as high as for a high pay patient; we want a moderate bill. You will provide the patient service and send us the bill at the end of the month. You do not have any collection worries, you do not have to pay an agency 50 per cent for collection of our bills. The hospitals are providing hospital service and we pay the hospital bill. Unlike Blue Cross in some areas that pays only for 21 days, we pay the hospital cost for as long as necessary. We ask your indulgence in trying to keep these bills down. We want these patients placed in the low-cost rooms. We do not expect them to have a corner private room with flowers.

Our program has been very well received. We are particularly grateful for the cooperation we have received from the physicians in Illinois and from Dr. Coleman and the Advisory Committee appointed to work with us. All of us feel that the work we are doing is important. We feel that our work is playing an important part in the prevention of State socialized medicine. We feel that if some people in the State of Illinois receive complete medical care under the auspices of their union and if the physicians and hospitals give them the quality of care that they should receive, this group will never clamor for state medicine.

I would like to say one other thing. We are not using napropaths or chiropractors for our services. I had one patient request the service of a chiropractor saying he had received a great deal of benefit from him and that he was a licensed practitioner. I told him that beauticians were also licensed and we are not providing that service either. We are providing only medical and hospital care. I will be around here tonight and tomorrow and will be very glad to discuss with you personally any questions you may have. If you have any questions call or write me or get in touch with Dr. Coleman. Whatever you do I want to assure you that this is your one grand opportunity to make good medical care available to a low-income group on a mutually satisfactory basis.

THE PRESIDENT: Thank you Dr. Sharp. Dr. Coleman, the Chairman of the Advisory Committee has a supplementary report.

DR. E. P. COLEMAN: Less than two months ago Dr. Sharp asked the Council for an Advisory Committee to consider some of the problems that will come up in his program. We have had three meetings with him and discussed some of the problems that have arisen or will arise. The type of miner and his family who will benefit by the Welfare Fund are those who have been on the charity rolls, or semi-charity rolls. Looking over the program as our Committee has done we feel this is the best thing that has come up in the way of organization planning for the medical care of its members. The basis is complete medical care and it pays 100 per cent. Fortunately the United Mine Workers do not wish to establish a fee bill. Your Committee after some discussion would like to make one recommendation to this House or maybe to the Council. We feel this is a good program. We feel we can properly go along with it. We feel we can not oppose it because it is to the interest of too many people. It also shows one strong union in the country on our side in contrast to many which are not. We feel since local problems will arise and there will be misunderstanding on the part of the doctors and there will be problems where certain things are overdone. Therefore, there should be a local county advisory Committee in each county where mining is the principal occupation. There may be counties in the state where coal mining is of no significance. In the various counties of the state particularly in the southern portion the Committee feels that an Advisory Committee should be appointed. We do feel that if you have a local county Advisory Committee that when problems do come up they can be taken care of and properly settled on a local basis. We will also have the State Advisory Committee where we will be able to make some suggestions to the County Advisory Committee. We feel that is an important next step and that was the recommendation of the Committee, last night. I believe I am in order to make a motion that this body endorse the formation of County Medical Advisory Committees to advise with the United Mine Workers Welfare Fund. (Motion seconded by Dr. A. E. Dale, Danville).

DR. C. PAUL WHITE, Kewanee: Why is it not possible for the present Advisory Committee for Public Aid in these counties to act in this matter?

DR. COLEMAN: It is possible and it is proper that most counties will have that Committee take up this problem. It can be the local Advisory Committee or another one.

DR. DALE: I think it would be well to take it away from anything that relates to charity. I think a separate Committee should be appointed.

THE PRESIDENT: Dr. Coleman's motion was that Committees be appointed at county level. That would leave it up to the counties. (Motion carried).

THE PRESIDENT: We now come to the presentation of resolutions.

DR. HUTTON: I wish to present the following resolution. There is reorganization taking place in the state government at Springfield. Under that the Division Chiefs will get something like $2300 more than the Director, Dr. Cross. The Civil Administrative Code sets the salary of officials and that can not be changed without amending the Civil and Administrative Code, which would be extremely difficult. Even if they pass a law to raise the director's salary to an adequate level it would not take place for two years. To obviate that I am offering the following resolution:

Salary of Director of Department of Public Health

Whereas, the compensation of the Director of the Department of Public Health of the State of Illinois is set by the Civil Administrative Code at $8,000 per annum; and

Whereas, under the reclassification of positions within the Department about to be effected by legislation now pending, the compensation of Division Chiefs under the Director will receive approximately $2,300 per annum more than the Director; and

Whereas, a study of the problem has indicated that the only feasible solution of this anomalous situation will be through the allocation of funds by the United

States Public Health Service, upon the request of the Governor of the State of Illinois, from which to make additional compensation to the Director of said Department,

Now, therefore, be it resolved that his Excellency, the Honorable Adlai E. Stevenson, Governor of the State of Illinois, be and he is hereby respectfully requested to take such steps as may be necessary to make it possible for the United States Public Health Service to make available sufficient funds so that the Director of the Department of Public Health of the State of Illinois may be compensated in accordance with the importance of that office.

DR. W. O. THOMPSON: This action has been taken before but I think it is wise to reaffirm this position.

A Solution for the Problem of Increasing the Availability of Medical Care

Resolved that the Illinois State Medical Society hereby reaffirm its belief that the best solution for the problem of increasing the availability of medical care is to be found through continuing experimentation with voluntary and competitive prepayment plans, sponsored by non-profit as well as by commercial insurance companies, consistent with the highest standards of medical practice.

DR. W. W. FULLERTON, Steeleville: The following resolution was presented before the Randolph County Medical Society on April 28, 1949, properly moved, seconded and carried:

Objection to Method of Payment for Medical Service to Recipients of Old Age Assistance and Aid to Dependent Children

Whereas, it is the routine of the Welfare Department to pay their recipients of Old Age Assistance and Aid to Dependent Children the money authorized for their medical service,

Whereas, many of these patients are neglectful or unwilling to take the specified money and pay the doctor accordingly, either through sheer dishonesty, senility or mismanagement, but appropriate the funds for their own use,

Whereas, from the above obvious reasons in many instances the doctors are not paid for their services or have a great deal of difficulty in getting their pay,

Be it resolved, that the Randolph County Medical Society in its regular meeting on April 28, 1949, again go on record expressing definite objection to this method of payment and recommending the doctor be paid directly and that such Federal regulation be passed to correct this objectionable practice and such regulation be instituted on its own merits and not be tacked up with some other bill, that the medical profession is opposed to,

Be it further resolved, this resolution be presented by our delegate before the House of Delegates of the Illinois State Medical Society at the next meeting of the House of Delegates and that the House of Delegates adopt a similar resolution.

(signed)
E. R. May, M.D., President
W. W. Fullerton, M.D., Secretary

DR. F. E. BIHSS, East St. Louis: I wish to present the following resolution:

Poll of Members of the State Society as to their Position Concerning Compulsory Health Insurance

Whereas, the proponents of "Socialized Medicine" at every opportunity presenting itself, a small group of physicians voiced their sentiments and opinions and are ardent proponents of the plan favoring any form of compulsory or Federal medicine using the medical profession as a means to portray to the public as the "so-called marked division in the medical provision on this particular subject in favoring of this program" and

Whereas, to our knowledge no poll amongst any large group of physicians had been taken on this subject.

Be it resolved, therefore, that the Illinois State Medical Society poll their members individually as to whether or not they are in favor of "Socialized or Federal or Compulsory Health Insurance Plan". In presenting this resolution we believe that the results of this poll will be very enlightening and will represent the sentiments of this Society as a representative group of practicing physicians of this State in opposing any health compulsory plan that may be presented to the Congress of the United States for adoption.

Be it further resolved, that this resolution is presented from the St. Clair County Medical Society and it is our wish and hope that the Illinois State Medical Society will go on record and adopt and accept this resolution as a whole.

(Signed)
Dr. E. R. Carman, Jackson Co.
W. W. Fullerton, Randolph Co.
Dr. G. C. Otrich, Councilor of the Tenth District
Dr. H. J. Nebel, President
Dr. R. C. Heilingenstein
Dr. J. E. Wheeler, Delegate
Dr. F. E. Bihss, Delegate

THE PRESIDENT: We have been notified by the American Medical Association that our membership is such as to entitle us to one additional delegate to the House of Delegates of the American Medical Association. Certainly such a delegate should be on an equitable basis: There should not be any squabble about it. This is no time to squabble among ourselves. We must show a united front and maintain it. How do you wish to dispose of this matter?

DR. W. O. THOMPSON: I should like to move that the Chairman of the Council appoint a Committee to consider this matter and bring in a recommendation. It seems to me that this is something that should be given most serious thought and we should not try to arrive at a quick decision. (Motion seconded by Dr. H. K. Scatliff, Chicago).

DR. E. S. HAMILTON, Kankakee: I would like to amend this motion to the effect that this Committee be appointed by the President and consist of five members from downstate and five members from the Chicago Medical Society, with the President and Secretary ex officio, and that they meet and report as soon as possible. (Amendment seconded by Dr. H. K. Scatliff, Chicago).

The amendment was voted on and carried and the original motion as amended was carried.

THE PRESIDENT: I would request each of you gentlemen who are Chairmen of the various Committees to please come forward and announce the time and meeting place of your reference committee.

THE SECRETARY: This report from the Committee on Mental Hygiene came too late to be published in the Handbook. I should like to read it.

REPORT OF COMMITTEE ON MENTAL HYGIENE

This year the committee on Mental Hygiene of the Illinois State Medical Society has cooperated with some local and national organizations in an attempt to improve mental health. The chairman was a member of the Children's Commission of the Illinois Society for Mental Hygiene, whose aim it is to establish a treatment center in Illinois for emotionally disturbed children. He also took part in a survey conducted by the American Psychiatry Association of the Mental Hygiene activities in the country.

The committee continues to bring to the attention of the medical profession, the importance of mental hygiene. It is taking an active interest in the work of the State Institutions for the mentally ill, and is advocating more facilities for the patients. The committee is particularly interested in the education of borderline mentally handicapped children in Illinois.

The committee is composed of a physician who is an educational psychologist, two pediatricians, a general practitioner and the director of the Illinois Mental Hygiene Society.

It is with deep regret that we report the death of Dr. Bert Beverly, an active member of our committee for several years. His place on the committee has been taken by Dr. Mandel Sherman of the University of Chicago.

Respectfully submitted,
(Signed)
ABRAHAM LEVINSON, M.D., Chairman

THE PRESIDENT: This report will be referred to the Reference Committee on Miscellaneous Business.

THE SECRETARY: I have an important report from Dr. Louis H. Bauer of New York relative to the World Medical Association of which he is Secretary. This article will appear in the June issue of the Illinois Medical Journal. It is hoped that a good many of our men will join this Society and pay the annual dues. (See June issue, Page 326).

THE PRESIDENT: There is no further business on the agenda and I will entertain a motion to adjourn.

DR. H. K. SCATLIFF, Chicago: I move that we adjourn until 9 o'clock Wednesday morning. (Motion seconded by Dr. W. E. Kittler, Rochelle and carried).

In The August Issue—

A Picture Story

On The 1949

Annual Meeting

NEWS OF THE STATE



CHAMPAIGN COUNTY

Dr. Russell A. Gage, Indianapolis, discussed "Common Oral Lesions" before the Champaign County Medical Society, June 9.

COOK COUNTY

William Hamlin Wilder Memorial Lecture.—Dr. Arthur J. Bedell, professor of ophthalmology emeritus, Albany Medical College, will deliver the fourth William Hamlin Wilder Memorial Lecture of the Institute of Medicine of Chicago, Friday evening, October 14, 1949, at 8 p.m. His subject is to be announced.

Personal.—"Diagnosis and Management of Common Gynecological Conditions" was discussed by Dr. Walter J. Reich, Chicago, before the Tippecanoe County Medical Society, in Lafayette, Indiana, recently. Dr. Louis B. Newman has been recently appointed as a member of the Medical Advisory and Consultant Board of the Armour Research Foundation of Illinois Institute of Technology, Chicago. This board is to select suitable problems for research in the medical field and to advise an engineering staff on the medical aspects of these problems. Dr. Newman, who is Chief of the Physical Medicine and Rehabilitation Service at the Veterans Administration Hospital, Hines, received his degree in mechanical engineering from the Illinois Institute of Technology just prior to studying medicine.

Dr. Bettag Heads Tuberculosis Sanitarium.—Dr. O. L. Bettag, Chicago and Pontiac, has been appointed medical superintendent and tuberculosis control officer of the Municipal Tuberculosis Sanitarium. Press reports indicate that the new appointment combines two offices formerly held by Dr. George Turner who was medical superintendent and Dr. Arthur W. Newitt, resigned. Dr. Turner, who has been serving as acting superintendent, returned to his activities as a staff member.

Staff Outing.—The annual staff and intern alumni day of St. Luke's Hospital medical staff was held June 22, 1949, at the Lake Geneva Country Club. The day was devoted to golf, tennis and boating.

University News.—Dr. Walter L. Palmer, professor of medicine, University of Chicago School of Medicine, discussed "The Management of Chronic Abdominal Complaints" during an assembly hour at the University of Illinois College of Medicine, May 18. A similar meeting, May 25, was addressed by Mr. Louis Bromfield, noted author and exponent of conservation, on "Conservation and Human Survival."

Student Research Award.—Edward H. Lanphier, Dixon, has been named the winner of the Borden Undergraduate Research Award for 1949 at the University of Illinois College of Medicine.

The award represents a gift of $500.

Lanphier, who received his doctor of medicine degree from the University of Illinois in June, has been conducting research work in the department of pharmacology since 1946. He has been investigating numerous chemical compounds for potential value in the treatment of epilepsy, and is the author of many scientific and non-scientific publications.

Fellowship Award.—Dr. Seymour Levine of the University of Illinois College of Medicine has been awarded a fellowship for two years by the Atomic Energy Commission.

The fellowship will enable Dr. Levine to carry on his studies of the nutritional factors in the growth of molds which cause diseases. He is conducting these studies under the direction of Dr. L. O. Krampitz of Western Reserve Medical School, Cleveland, O.

Dr. Levine will spend the first six months of the fellowship in taking special courses at the Colorado Center at Denver, which was established by the Atomic Energy Commission.

Dr. Levine has been a member of the staff of the University of Illinois as an assistant in bacteriology since 1945.

Initiation of Sigma Xi.—Twelve faculty members and students were initiated at the 21st annual meeting of the University of Illinois chapter of Sigma Xi society, May 19, at the Chicago Illini Union.

Dr. Louis N. Ridenour, Urbana, dean of the University of Illinois Graduate College, delivered the annual address. Dr. Ridenour discussed "Terrestrial Power Sources and Human Civilization".

Faculty members and students who were initiated are Dr. George H. Pollock, Dr. Joseph G. Schoolman, Dr. Theodore R. Sherrod, Dr. Ralph R. Sonnenschein, Dr. Seymour N. Stein, Dr. Welton I. Taylor, Arthur V. Boand, Jr., Edward N. Gilman, Ervin Kaplan, Sholen Postel, Mrs. Betty Howard Siegel, and Dr. Donald S. Bickers.

Dr. Harold E. Silverman, a member of the staff of the Chicago Medical School, also was initiated.

Construction Starts on Tuberculosis Building.—Gov. Adlai E. Stevenson broke ground May 20, for the Institution for Tuberculosis Research in the Medical Center District on Chicago's near West Side.

The Institution will supply the anti-tuberculosis vaccine, BCG, and instruments of vaccination to health agencies in the U. S. and abroad. Research will be directed toward improvement of the vaccine, tuberculosis prevention, and related fields. Another objective of the new unit will be to instruct health officers in the use of BCG.

Dr. Karl A. Meyer, medical superintendent of Cook County Hospital and other county institutions, presided at the half-hour ceremony.

Speakers included Governor Stevenson, Mayor Martin F. Kennelly, Dr. Walter H. Theobald, president of the Medical Center Commission; Dr. Roland R. Cross, Director of the State Department of Public Health; Dr. Ernest E. Irons, president of the board of directors of the Municipal Tuberculosis Sanatorium; Herbert R. DeYoung, president of the Tuberculosis Institute of Chicago and Cook County; Park Livingston, president of the board of directors of the Research Foundation; and Dr. A. C. Ivy, vice-president of the University of Illinois in charge of the Chicago Professional Colleges.

Research on the use of the vaccine BCG, which is named for French Scientists Albert Calmette and Camille Guerin, has been conducted in Chicago since 1934 when the first strain of the bacillus was brought to this country from Paris.

The strain was brought here by Dr. Sol R. Rosenthal of the University of Illinois College of Medicine, at the suggestion of Dr. Frederick Tice, who was president of the board of directors of M.T.S. and chief of the attending staff of Cook County Hospital at that time.

Research with the vaccine started with newborn infants at Cook County, and later was expanded to include all Chicago infants born to tuberculous parents. A rigidly-controlled program of clinical research since has been broadened to warrant the attention and approval of the medical division of the National Tuberculosis Association, the American Medical Association, state medical societies, and the U. S. Public Health Service.

The vaccine is being used throughout the world. Some 30,000,000 Japanese have been vaccinated since 1944. In Denmark, not a single case of tuberculosis meningitis has occurred among BCG vaccinated children during the past eight years. The World Health Organization is spending $2,000,000 on a BCG vaccination program in Europe, and proposes to extend its program. In France and Norway, BCG vaccination has been made compulsory for non-tuberculin reactors.

Special Society Election.—The Chicago Pediatric Society chose the following officers at its meeting, May 25: Dr. Arthur F. Abt, president; Dr. Alvah L. Newcomb, vice president; Dr. Alfred S. Traisman, secretary and Dr. Craig D. Butler, treasurer.

DE WITT COUNTY

Dr. Edward M. Thompson was recently named health officer for the De Witt-Piatt County Health Department.

EFFINGHAM COUNTY

Dr. Gillesby Goes to Missouri.—Dr. W. J. Gillesby, formerly secretary of the Effingham County Medical Society, has left Effingham to accept a position on the staff of the Veterans Administration Hospital in Springfield, Missouri.

Fifty Year Member.—Dr. Frank Buckmaster, Effingham, was presented with the Fifty Year Club insignia of the Illinois State Medical Society at the regular monthly meeting of the Effingham County Medical Society, May 19. The presentation of the emblem and certificate of membership in the Fifty Year Club was made by Dr. Andy Hall, Mount Vernon. Dr. Buckmaster graduated at Barnes Medical College in St. Louis, 1899. He launched his practice in Beecher City, later going to Altamont but located in Effingham in 1906.

FULTON COUNTY

Community Honors Physician.—A public meeting was held in the Community High School in

Farmington, May 20, to honor Dr. E. K. Dimmitt, who has been practicing there for forty years. Dr. Frank D. Jacobs, Farmington, acted as master of ceremonies and introduced the following visiting physicians: E. P. Coleman, H. B. Shepard, D. A. Bennett, and L. L. Vitt, all of Canton; J. W. and J. K. Welch, Cuba; E. E. Davis, Avon; A. H. Clark, Elmwood; M. A. Quinones, Lewistown; James H. Walsh, W. W. Cutter, William Cooley, John Vonachen, all of Peoria and James C. Fash, a nephew of Dr. Dimmitt. Mrs. Signe Thomas, superintendent of the Graham Hospital, Canton, also was present. A bound volume containing words of appreciation by patients and friends of the physician and a silver plaque were among the gifts presented to the physician. Dr. Dimmitt was nominated last September by the Fulton County Medical Society as its own outstanding general practitioner.

LOGAN

Dr. W. W. Coleman, Lincoln, who recently retired after fifty years of practice of medicine, has turned over his practice to Dr. Frederick Swanson of Yukon, Alaska. Dr. Coleman is a past president of the Logan County Medical Society.

MCDONOUGH

Dr. Wisshack Named to Board of Health.—Dr. Eric E. Wisshack was appointed, May 4, to serve as temporary chairman of the Macomb board of health, taking the place of Dr. B. D. Jenkins who is ill. Other members of the board are Dr. V. B. Adams and Dr. W. E. Carnahan.

MC LEAN

Dr. Gerald M. Cline, Bloomington, has been appointed a member of the Illinois Commission for Handicapped Children by Governor Stevenson, filling the vacancy caused by the death of Dr. Bert I. Beverly, Chicago.

ROCK ISLAND

Philip Waters Retires.—After nearly thirty-five years in state welfare work, Dr. Philip S. Waters, superintendent of the East Moline State Hospital, retired May 7, according to the Rock Island Argus. Dr. A. H. Wolff, assistant superintendent, will assume Dr. Waters' post until a permanent appointment is made. Dr. Waters, who became superintendent March 15, 1942, began welfare work at the Anna State Hospital as staff physician in 1931. Previously he had practiced privately for nine years after graduating from Barnes Medical College in 1904. In 1918 he was named assistant superintendent of the Alton State Hospital and after six years was transferred to Peoria where he remained until 1926. For three years Dr. Waters returned to private practice but in 1929 he was appointed superintendent of the Lincoln State school and colony. In 1941 he was chosen superintendent of the Peoria State Hospital.

WILL

Dr. Le Roy L. Fatherree has been appointed health officer for the Will County Health Department, with offices in Joliet.

WOODFORD

Dr. Gordon Honored.—A testimonial dinner was held, May 9, to honor Dr. R. E. Gordon, El Paso, on his completion of fifty-six years practice of medicine. The Kiwanis Club was host at the dinner. Dr. Gordon, according to the Minonk News Dispatch, has served on practically every board of importance of a community nature, the Board of Education, Public Health board, hospital boards, Mayor and alderman of El Paso, member of the board of directors of the Woodford County National Bank, an active part in Masonic and Kiwanis work and a staunch supporter of his church. Another unique contribution Dr. Gordon made to El Paso was the installation of telephone service. In 1901 he opened a telephone exchange with the switchboard in his home.

Dr. Gordon is not only from a family of doctors but has descendents who are continuing in that profession. His grandfather was a physician at Greenville many years ago; his father practiced in Carlyle; his son, Dr. Noel E. Gordon, is now practicing in Minonk, and he has two grandsons who are preparing for the study of medicine at the present time. The Gordon family has already had twenty-eight doctors in its ranks, including Dr. Gordon's father and seven uncles.

GENERAL

Conference on the Exceptional Child.—The Sixth Governor's Conference on Exceptional Children was held at the La Salle Hotel, Chicago, June 3. The professional staff of the Illinois Children's Hospital-School demonstrated how the several specialties responsible for the rehabilitation and education of the child coordinate their work into one program.

Medical School Polio Team Activated for Epidemic Assistance.—In the event of an infantile paralysis epidemic anywhere in the nation, the Northwestern University poliomyelitis team is ready for action.

One of only four in the nation, the Medical School unit is on call to aid polio-stricken communities anywhere in the United States. With Dr. Emil D. W. Hauser, assistant professor of bone and joint surgery, as its director, the team is assigned to duty and its expenses paid by the National Foundation for Infantile Paralysis. The crew has been on duty five years, and has served in Boise, Idaho, and Rockford and Peoria, Ill.

Services of the team include medical consultation to doctors of the affected community; teaching local hospital nurses proper bed posture for patients and the administration of hot packs; and instruction in physical therapy techniques of muscle re-education and general functional exercises.

The N. U. Medical School team is prepared to stay on duty up to six weeks, or until its work of organization, teaching and medical assistance is completed. Subsequently, the assistant orthopedist of the unit will remain in the stricken city as long as he is required.

Members of the Northwestern 1949 team, in addition to Dr. Hauser, are Dr. Arthur F. Abt, associate professor of pediatrics; Dr. E. J. Cummins, orthopedist; Miss Meredith Nordschow, instructor in physical medicine; Miss Anne Prochaska, chief physical therapist; and Mrs. Jean Sciora and Miss Lucille Kurzawa, physical therapist. In addition, provision has been made for the services of a medical social worker if the need arises.

Other teams similarly organized under the National Foundation are those at Stanford and Harvard Universities and the D. T. Watson School of Physical Therapy, Leetsdale, Pa.

Nursing Education Institute.—A conference on nursing education was held at the Leland Hotel, Springfield, June 3-4, under the auspices of the Illinois Department of Public Health, the Illinois Deparment of Registration and Education and the Illinois Society for Mental Hygiene. Included among the speakers were the following: Dr. David Slight, "Mental Hygiene and the Nursing Profession"; Dr. Sophie S. Sloman, Personality Development in Early Childhood"; Dr. Adrian Vander Veer, "Reaction of Children to Illness"; Miss Helen Ross, "Personality Development in Late Childhood and Early Adolescence" and Dr. George Perkins, "Personality Development in Late Adolescence."

"It's Your Life."—Chicago's own health documentary radio show, IT'S YOUR LIFE which has won five awards for excellence as the "most outstanding radio program of 1949," now is heard from 3:30 to 4 p.m., Sundays on WMAQ.

The show, formerly heard at 11:15 a.m. weekdays on WMAQ, was shifted to the new time to accommodate its vast listening audience. Featuring actual tape-recorded stories of Chicagoans and their health problems, IT'S YOUR LIFE is produced by the Chicago Industrial Health Association with the aid of the medical profession working with the more than 300 Chicago health and welfare agencies.

Each week the program presents a complete case history of a Chicago resident who has fought and won his battle for better health. Ben Park is producer and Don Herbert interviewer on the show. Listeners are taken into homes, hospitals, nurseries, welfare agencies and everywhere in the city where the real-life drama of everyday living takes place.

Though only in its 30th week, the show has attracted nationwide attention in the health education field and as a public service feature.

Congress on Obstetrics and Gynecology.—The Scientific and Educational Exhibit committee of the International and Fourth American Congress on Obstetrics and Gynecology meeting, May 14, 1950 at the Statler Hotel, New York City, under the Chairmanship of Dr. John Parks of Washington, D. C. and the Committee on Motion Pictures with Dr. Archibald D. Campbell of Montreal, Canada, as Chairman, have completed preliminary plans for their respective sections of the meeting and are ready to issue application blanks for space and time. These blanks are designed to facilitate the work of the committees in selecting and presenting exhibits and films of the greatest value and to make it easy for the applicants to present a complete description of their proposed displays. They will be sent on request by the business office of the American Congress at 24 West Ohio Street, Chicago 10, Illinois, and, when completed, go directly to the chairman of the committee involved.

The members of the Scientific and Educational Committee working with Doctor Parks are: Dr. Miguel V. Falsia of Buenos Aires, Sir Eardley Holland of London, Dr. Mortimer N. Hyams of New York, Dr. Alice F. Maxwell of San Francisco, Dr. Lawrence M. Randall of Rochester, Dr. Jorge de Rezende of Rio de Janeiro, Dr. Erik Rydberg of Copenhagen, Dr. Donald G. Tollefson of Los Angeles and Dr. Frank E. Whitacre of Memphis.

The members of the Committee on Motion Pictures working with Doctor Campbell are: Dr. David N. Barrows of New York, Dr. Willard R. Cooke of Galveston, Dr. Samuel A. Cosgrove of Jersey City, Dr. Carl Henry Davis of Wilmington, Dr. Ludwig A. Emge of San Francisco, Dr. Albert W. Holmon of Portland, Dr. Edmudo G. Murray of Buenos Aires and Dr. Robert A. Ross of Durham.

Welfare Department Statistics.—The resident population in all institutions of the Department of Public Welfare April 30, 1949, was 48,044 — an increase of 1,121 over April 30, 1948. On the books of all institutions, including those present, in family care, on conditional discharge and other absentees, were 54,409.

The greatest increase over April of last year was in the nine hospitals for the mentally ill, in which the population rose 971. There were 1,100 admissions, 766 discharges and 302 deaths during the month. There were 38,600 patients on the books of these hospitals April 30, 1949. The institutions for the mentally defective (Dixon State Hospital and Lincoln State School and Colony) showed an increase of 111 over the previous year. The resident population was 9,332 with 10,620 on the books. There were 344 in Security Hospital and of this number 271 were mentally ill and 73 were mentally deficient. At Neuropsychiatric Institute, where most admissions are temporary for special treatment, 73 patients were present at the end of the month. Of this number, 62 were admitted during the month. Clinics for trachoma control and prevention of blindness in southern Illinois treated 488 patients for trachoma, 59 for glaucoma, and 386 for other eye ailments. Nineteen patients were hospitalized for operations. The Illinois Eye and Ear Infirmary received 8,318 patients in the Clinic

and listed 19,744 treatments during April. Four hundred forty-three persons were admitted to the hospital. The Chicago Community Clinic reported 629 interviews during the month. Of this number, 605 were former patients in State hospitals — 248 at Elgin, 243 at Manteno, 31 at Chicago, 81 at Kankakee and 2 at Jacksonville.

The Boys' Training School, Girls' Training School, and Women's Reformatory reported 947 juvenile delinquents, felons and misdemeanants present April 30, 1949. Fifty-seven were received from courts and 53 were discharged during the month. There were 230 pupils enrolled at the School for the Blind, 397 at the School for the Deaf, and 326 at Soldiers' and Sailors' Children's School April 30, 1949. There were 78 children present at Children's Hospital-School — an increase of 21 over the previous year. The Industrial Home for the Blind, Soldiers' and Sailors' Home, and Soldiers' Widows' Home reported 1,332 present April 30, 1949 — a decrease of 16 as compared to one year ago. The Veterans' Rehabilitation Center in Chicago, and Veterans Clinics in Aurora, Champaign, and Rockford received 91 new cases during the month. There were 1,086 visits to the clinic in Chicago, 17 in Aurora, 210 in Champaign, and 35 in Rockford. Since opening of these Centers, 5,299 veterans have received treatment at Chicago, 44 at Aurora, 182 at Champaign, and 22 at Rockford. The Division of Veterans' Service reported 3,011 veterans present in all Welfare institutions April 30, 1949. Of this number, 1,720 were World War I veterans and 731 were World War II veterans. The Institute for Juvenile Research interviewed 136 new cases during the month. A total of 503 children and 637 adults, old and new cases, were examined and received treatment. The Division of Supervision of Delinquents reported 35 placements in boarding homes, free homes and wage homes during the month. In addition, 1,280 patients were interviewed in out-patient clinics, and there were 2,398 visits to these clinics. Besides the 48, 044 persons housed in institutions April 30, 1949, 21,670 persons received treatment in Department of Public Welfare clinics during April.

HEALTH DEPARTMENT ACTIVITIES

Cancer Diagnostic Clinic Opens.—The 25th downstate Illinois cancer diagnostic clinic to be located in the Good Samaritan hospital, Mt. Vernon, began operations Tuesday, June 7, Dr. Roland R. Cross, state director of public health, announced recently. This clinic is scheduled to receive patients on the first Tuesday of each month.

Of the 25 cancer diagnostic clinics now functioning downstate, 22 are state aided. In Cook county, there are 21 cancer clinics which are maintained solely by local funds.

Dr. G. Howard Gowen, chief of the state division of cancer control, stated that on the basis of the present Illinois population, we should have a total of 40 more cancer diagnostic clinics throughout the state. The United States Public Health Service and the American Cancer Society, in February of this year, recommended that such a clinic be established for every 100,000 persons.

Although Illinois, with a clinic for every 187,000 persons, ranks well with most states, Connecticut, with a clinic for each 55,000, Massachusetts, with one for every 140,000, and New York, with a clinic for every 150,000, are well in advance of this state in this public health facility.

"Our cancer control program will not begin to attain the maximum life-saving results until we are fully equipped to detect cancer at its earliest diagnosable and curable stage," Dr. Gowen said.

DEATHS

David Alexander, Chicago, who graduated at the College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois in 1907, died January 13, aged 84, of chronic myocarditis.

Wallace Mcmurray Burroughs, St. Charles, who graduated at Northwestern University Medical School in 1893, died March 25, aged 78, of chronic myocardial degeneration.

Peter Joseph Christenson, Chicago, who graduated at Jenner Medical College in 1904, died May 19, aged 71. He had practiced medicine on Chicago's west side for 45 years.

Sidney B. Conger, Chicago, who graduated at Chicago College of Medicine and Surgery in 1914, died May 29, aged 59.

Hugh A. Cuthbertson, retired, Chicago, who graduated at the University of Toronto Faculty of Medicine, Toronto, Canada, in 1894, died at St. Petersburg, Florida, April 21, aged 80. He was a member of the "Fifty Year Club" of the Illinois State Medical Society.

Roland Jordan Dunn, Chicago, who graduated at Rush Medical College in 1897, died March 10, aged 73, of cerebral thrombosis.

Daniel Webster Eiss, retired, Evanston, who graduated at Northwestern University Medical School in 1889, died may 22, aged 89. He had practiced medicine in Chicago nearly 50 years until his retirement about 15 years ago.

William Ernest Holland, Chicago, who graduated at Illinois Medical College, Chicago, in 1897, died March 29, aged 82, of intestinal obstruction and pyloric stenosis.

Edward Joseph Horodko, Chicago, who graduated at Loyola University School of Medicine in 1941, died in St. Elizabeth Hospital, New Georgia, Solomon Islands, March 27, aged 33, of acute myelogenous leukemia. He served during World War II and was awarded the Bronze Star Medal for meritorious achievement.

Reid Owen Howser, Oak Park, who graduated at Northwestern University Medical School in 1909, died May 17, aged 69. He had practiced medicine in Austin

and Oak Park for 39 years and was on the surgical staff of West Suburban Hospital.

JOHN BRANSON JONES, Wapella, who graduated at the University of Illinois College of Medicine in 1905, died May 2, aged 72. He practiced medicine in California for eleven years and later in Wapella for 33 years.

JAMES LANG LEWIS, Danville, who graduated at Northwestern University Medical School in 1901, died March 29, aged 75, of cerebral thrombosis. Was formerly affiliated with Veterans Administration hospitals in Alexandria, La., and Hines, Ill., where he was chief of the tuberculosis service for many years.

EDWIN EVERETT MADDEN, Forest Park, who graduated at Reliance Medical College, Chicago, in 1909, died in March, aged 72.

FRANK ELLSWORTH PETERS, Winnetka, who graduated at Rush Medical College in 1929, died in Sarasota, Fla., February 15, aged 48, of chronic glomerular nephritis and congestive heart failure.

MARVIN SMITH, Lebanon, who graduated at the University of the City of New York Medical Department in 1883, died in St. Elizabeth's Hospital, Belleville, January 30, aged 88, of cerebral arteriosclerosis.

PHILIP H. SMITH, Evanston, who graduated at Northwestern University Medical School in 1927, died May 24, in Wesley Memorial Hospital, aged 49. He was an associate in obstetrics and gynecology at Northwestern University Medical School.

JOSEPH CORNELIUS WEBER, retired, Olney, who graduated at Missouri Medical College, St. Louis, in 1899, died May 3, aged 73. He had been ill for 13 years.

WILLIAM J. WHITEFORT, St. Elmo, who graduated at Missouri Medical College, St. Louis, in 1898, died May 22, aged 74. He had practiced medicine in Fayette County for 51 years, and was a member of the "Fifty Year Club" of the Illinois State Medical Society.

"For The Common Good"

Six Months of Health Education on WGN-TV.— The Educational Committee of the Illinois State Medical Society completed six months of health education via the medium of television, June 14. Carried on in cooperation with WGN-TV as a public information service, the weekly series has met with popular response, and it is estimated that at least 100,000 persons are viewing the programs. According to *Television Forecast,* there are approximately 100,000 television sets in the Chicago Area, 95 per cent of which are in homes. The viewing distance is some fifty miles. Recognizing that television is still in its infancy, the potentialities as an educational instrument are evident.

Thus far very little information has been advanced on television viewing on the general health. Eye strain could be associated with long period of viewing. Since children are more likely to indulge in excessive watching of the screen, parental control would be a logical factor in prevention of fatigue.

The May 17 telecast was titled "Breathing Through Your Nose", in which Dr. Maurice Cottle used photographs and patients to demonstrate what repair did in the way of breathing and cosmetic improvement. He also showed visual material to explain the preparation of masks before surgery was undertaken. Since this program occurred during the Annual Meeting of the Illinois State Medical Society, at which Dr. Lee Hoyt, Roseville, was presented with his award as the 1948 Outstanding General Practitioner, four minutes of the program was devoted to introducing Dr. Hoyt, showing his award, and hearing his reminiscences of early days of practice.

"Peptic Ulcer" with Dr. Howard B. Carroll was the show, May 24. Three patients were used to demonstrate various ulcer types.

"The Story of X-Ray" was told by Dr. Warren W. Furey, May 31. Visual media included an early tube, a modern one, numerous roentgenograms, the mixing of barium and an improvisation to explain the difference in x-ray and the fluroscope.

"Geriatrics and You" was the theme of the telecast, June 7, with Dr. Gilbert H. Marquardt again using patients to demonstrate chronologic and physiologic age and the need for avocations in this business of growing old.

"Your Child's Dental Health" was the title of the program June 14, with Robert Kesel, D.D.S., and Donald Kerr, D.D.S. Youngsters in an Aurora experimental project demonstrated good brushing procedure, and oversized dental models gave visual emphasis.

The Educational Committee has not repeated a subject, although some requests indicated a wish for a second program. It is unfortunate that there is no method by which a permanent record can be made of the telecasts because of their vast educational scope, but undoubtedly this too will come.

Scripts are prepared in advance by the Secretary of the Educational Committee and the guest physi-

cian. All scripts are in the studio one week before the program.

Cooperation with the studio is of vast importance in developing technic, procedure and utilizing material. The Educational Committee was an amateur in this type of health education, but the staff of WGN-TV, individually and collectively, has been zealous and patient in making suggestions, and teaching. Too much praise cannot be given to Jay Faraghan, program director; Cosmo Genovese, studio producer; Charles Setsema, stage director, and the camera and control room crew. Marilyn Lassen, public relations, and Jerry Gardiner, traffic manager, have been of inestimable assistance in explaining detail.

Studio cooperation was further evidenced in the television exhibit of the Educational Committee during the recent annual meeting. A beautifully colored panel, conceived by George Petterson and Bob Stebbins of WGN-TV's art staff, told with photographs the "inside" story of studio production of health education telecasts. RCA lent one of its recent models to enhance the display. The novel exhibit was of great interest to physicians and exhibitors alike.

Firms who have cooperated by providing equipment from time to time include Ohio Chemical Company, Cambridge Instrument Company and Picker X-Ray Corporation.

Lectures Arranged Through the Educational Committee of the Illinois State Medical Society:

Florence Rees, Chicago, Henry B. Lloyd PTA in Chicago, May 25, on "The Story of Menstruation."

David Slight, Chicago, Fox Valley District, Illinois Welfare Association in Elmhurst, June 8, on The Professional Worker and the Job.

J. Charles McMillan Jr., Oak Park, Bellwood Registered Nurses Association in Bellwood, June 17, on Penicillin and Its Uses.

Rex D. Hammond, Bryn Mawr Community Church, Chicago, October 10, Emotions of the Adult.

Lectures Arranged Through the Scientific Service Committee of the Illinois State Medical Society:

John R. Vonachen, Peoria, La Salle County Medical Society in La Salle, September 8, on Etiology of Diarrheas in Children and Present Day Management.

John T. Reynolds, Chicago, Bureau County Medical Society in Princeton, Surgical Emergencies in the Newborn.

Samuel M. Bluefarb, Chicago, Effingham County Medical Society, in Effingham, September 15, Newer Methods of Treatment in the Common Dermatosis.

S. William Becker, Chicago, Macon County Medical Society in Decatur, September 20, on Common Diseases of the Skin, illustrated.

John Huffman, Chicago, Iroquois County Medical Society in Watseka, September 20, on Vaginitis.

RADIOISOTOPE AIDS DOCTORS WHO PERFORM BRAIN SURGERY

Difficult surgery for brain tumors is being made easier by radioactive phosporus produced in atomic energy laboratories.

Writing in the May 21 Journal of the American Medical Association, B. Selverstone, M. D., A. K. Solomon, M. D., and W. H. Sweet, M. D., Boston, say that in 14 cases they were able to locate brain tumors at the time of operation by use of the isotope.

When radioactive phosporus was given to these patients in injections, it became concentrated in the brain tumors. The doctors were then able to locate the tumors by using as a probe a miniature model of the Geiger-Muller counter, an instrument that measures radioactivity. The precise location of the tumor was shown by an increase in the counting rate of the instrument.

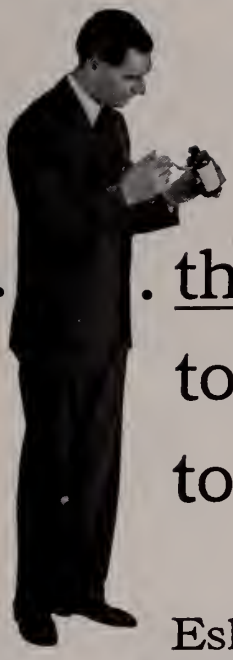
CURARE PREPARATION RELIEVES SYMPTOMS OF ARTHRITIS

A preparation of a South American arrow poison, curare, is bringing relief to persons suffering from the painful chronic disease, rheumatoid spondylitis, a form of arthritis that affects the spine.

Use of the preparation, d-tubocurine suspended in oil and wax, is reported by Bernard M. Norcross, M. D., and Harold M. Robins, M. D., of the University of Buffalo Medical School, Buffalo, N. Y., in the May 28 Journal of the American Medical Association.

In six cases in which the doctors administered the preparation after other treatment usually prescribed for the disease had failed to produce improvement, the patients were relieved of pain, their muscles were relaxed, deformity of the spine was corrected, and they were able to take more exercise.

Practically no toxic effects from use of the preparation were noted, the doctors say.



. this is the way
to give phenobarbital
to children

Eskaphen B Elixir is the ideal phenobarbital preparation for children because:
Its fluid form makes it easy to take.
Its good taste makes it pleasant to take.
Its mild and calming action is supplemented by the tone-restoring effect of thiamine.

And this is important:

Parents who "know all about phenobarbital"—and might be upset at the idea of giving a "sleeping mixture" to their children—don't know you are prescribing phenobarbital when you write

Eskaphen B Elixir

the delightfully palatable combination of phenobarbital and thiamine

Smith, Kline & French Laboratories, Philadelphia



Each 5 cc. teaspoonful of ESKAPHEN B ELIXIR contains phenobarbital, ¼ gr.; thiamine, 5 mg.

INTRODUCING...



THE KOROMEX JELLY REFILLABLE UNIT

Physicions occlaim the new Koromex all inclusive controceptive unit. This fine container is ivory-colored plostic, permanent, dust-proof, ottroctive for home use ond ideol for troveling. It contains two regular size tubes of Koromex Jelly which rest in individual compartments . . . a Koromex Diophragm stored in the ingeniously constructed cover comportment . . . and a Koromex Meosured Dose Plunger Applicotor that rests securely on its own rock.

Where pregnoncy is contro-indicated, recommend the complete Koromex Jelly Refillable Unit to your discriminating women patients.

For those of your patients who require o slightly less lubricating but equolly effective spermicidal preparation, a similor companion package consisting two tubes of Koromex Cream instead of Koromex Jelly is olsc available.

ACTIVE INGREDIENTS: BORIC ACID 2.0% OXYQUINOLIN BENZOATE 0.02% AND PHENYLMERCURIC ACETATE 0.02%, IN SUITABLE JELLY OR CREAM BASES.

KOROMEX
TRADE MARK REGISTERED
"A CHOICE OF PHYSICIANS"

HOLLAND-RANTOS COMPANY, INC., 145 HUDSON STREET, NEW YORK 13, N. Y.

MERLE L. YOUNGS • PRESIDENT

microcrystalline SULFADIAZINE | microcrystalline SULFAMERAZINE | microcrystalline SULFAMETHAZINE | with SODIUM LACTATE

Another Central First!

TRIPLE-SULFA COMBINATION

TRISULFAZINE

Trademark

Suspension with SODIUM LACTATE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

EFFECTIVENESS *RAPID ABSORPTION* | **SAFETY** *MINIMAL TOXICITY* | **CONVENIENCE** *LIQUID FORM* | **PALATABILITY** *PATIENT-ACCEPTANCE*

TRISULFAZINE* Suspension with Sodium Lactate contains *sulfadiazine, sulfamerazine,* and *sulfamethazine,* recently described[1] as an advantageous combination of sulfonamides for increased safety and satisfactory clinical effectiveness, plus the added safeguard, *sodium lactate,* which, because of its alkalinizing action, increases the solubility of the sulfonamides and reduces still further the possibility of crystalluria and renal damage.

FEATURES: • Intensive dosages feasible • Minimal danger of crystalluria • Reduced need for adjuvant alkali or fluid administration • Well suited to pediatric or geriatric use.

Each fluidounce contains: 1 Gm. each sulfonamide (microcrystalline) with 3 Gm. sodium lactate, as a stable suspension in an agreeably flavored vehicle. SUPPLIED: Bottles of 2 oz., 1 pt., 1 gal.

OTHER COUNCIL-ACCEPTED DOSAGE FORMS:

TRISULFAZINE *Tablets:* 0.166 Gm. each sulfonamide.
TRISULFAZINE *Palatabs**: 0.083 Gm. each sulfonamide.
SUPPLIED: Bottles of 100, 500, and 1,000.

THE *FIRST* TRIPLE SULFA COMBINATION ACCEPTED BY THE COUNCIL ON PHARMACY AND CHEMISTRY

1. Flippin, H. F., and Bager, W. P.: Virginia M. Monthly 76:56 (1949).

*Trademark of The Central Pharmacal Co.

THE CENTRAL PHARMACAL CO.
SEYMOUR INDIANA

Pharmaceutical Progress Since 1904

PHYSICAL MEDICINE ABSTRACTS

JOHN S. COULTER, DEPARTMENT EDITOR



GERIATRIC REHABILITATION

Trevor H. Howell, M.R.C.P.Ed., Physician, Geriatric Unit, St. John's Hospital, Battersea, London, Lecturer in Problems of Old Age, St. Bartholomew's Hospital, London. In OCCUPATIONAL THERAPY AND REHABILITATION, 27:6: 468, December 1948.

A large number of elderly patients are wrongly considered as untreatable, and therefore neglected. Yet much may be done to restore cases of apparent senility and incurable disease to relative vigour in body and mind. Complete recovery is not possible in all patients, but once a planned system of rehabilitation is in being, some surprising results can be obtained.

The first essential in treating the aged is an optimistic atmosphere. This has a greatly stimulating effect on the patient and also on the relatives. It is important to gain the active cooperation of both if real success is to be achieved. No one can do much against the patient's will. In the same way, it is fatal to keep the old people in bed and to give them sedatives. The practice should be to get them up and to keep them interested.

The practice at St. John's Hospital is to encourage as many patients as possible to get up out of bed. The question asked of any disability is not "what is wrong?" but "why can such and such a function not be performed?" All excuses for immobility are approached in this spirit and a remedy sought at once. The results are sometimes surprising.

Although a start has been made, much remains to do in this field. The problem of contractures, for example, remains unsolved. The rehabilitation of those previously considered as incurable is going to be one of the great adventures in the future.

THE MOLE AS A POSSIBLE RESERVOIR OF POLIOMYELITIS: SUMMARY

L. E. Rector, M.D., St. Louis. In ARCHIVES OF PATHOLOGY 47:4:366 April, 1949.

Several reasons why the mole might be the natural reservoir of poliomyelities are enumerated and discussed.

Miscellaneous autopsy observations and terminal behavior traits are tabulated and discussed.

Successful passage of the virus from mole to mole and from mole to Swiss mouse and cotton rat is reported. Unsuccessful attempts to pass the virus to 3 monkeys is reported.

The absence of typical histopathologic lesions of poliomyelities in the moles and the Swiss mice and cotton rats in which passage of mole brain and spinal cord was effective is discussed, and the literature concerning similar experiences of other investigators is reviewed.

Fifteen animals were employed as controls for comparative studies of autolytic changes, die-

(Continued on page 42)



During Pregnancy

TO BUILD BLOOD AND IMPROVE NUTRITION

HYPOCHROMIC ANEMIA is so common during pregnancy that some authorities advocate routine administration of medicinal iron to all pregnant women. Cytora, in the recommended dosage, supplies an adequate amount of iron for the increased requirements of pregnancy *plus* folic acid for its recently reported property of aiding gastro-intestinal function *and* vitamin C and B-complex factors—vitamins which are said to be probably of greater importance to the health of the pregnant woman than any of the others. Moreover, the pharmaceutical skill exercised in compounding Cytora tablets assures optimal absorption and minimizes gastric disturbances. Cytora is available in bottles of 100, 250, and 1000 tablets.

ORGANON INC. (*formerly known as* ROCHE-ORGANON INC.) ORANGE, N. J.

CYTORA

'Organon'

DAILY DOSE (6 TABLETS) PROVIDES:	
Ferrous Sulfate	600.0 mg
Folic Acid	4.5 mg
Liver Concentrate	900.0 mg
Vitamin C	150.0 mg
Vitamin B_1	6.0 mg
Vitamin B_2	6.0 mg
Vitamin B_6	3.0 mg
Niacinamide	30.0 mg
Calcium Pantothenate	6.0 mg

plus other factors naturally present in liver concentrate

T. M.—Cytora — Reg. U. S. Pat. Off.





Scabies, until recently regarded as a disease of poverty or uncleanliness, today is known to be found in all walks of life. This highly contagious parasitic infestation not infrequently escapes detection, hence the possibility of its presence must always be kept foremost in mind when a red, punctate, inflamed pruritic eruption presents itself.

In the eradication of scabies Kwell Ointment, containing 0.5% gamma benzene hexachloride in a vanishing cream base, represents a significant advance in therapy. A single course of treatment consisting of one or two applications effects a cure in more than 90% of patients. Its action is prompt, positive, and is not burdened by secondary dermatitis or relapse.

Kwell Ointment is available on prescription in 2 oz. and 1 lb. jars at all pharmacies.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION
17 EAST 42nd STREET, NEW YORK 17, N. Y.

KWELL® OINTMENT

0.5% GAMMA BENZENE HEXACHLORIDE IN A VANISHING CREAM BASE



WHEN THE DIET

Needs Supplementation

Comparison of the accompanying two columns of nutritional values clearly shows why Ovaltine in milk has been so widely accepted as a highly effective *multiple dietary food supplement.*

Column A lists the National Research Council's Recommended Daily Dietary Allowances for each *100 calorie portion* in the diet of a 154-pound man of sedentary occupation. Column B lists the amounts of the same nutrients provided by a *100 calorie portion* of Ovaltine in milk.

	A N.R.C. Diet	B Ovaltine in Milk*
CALORIES	100	100
CALCIUM	40 mg.	166 mg.
IRON	0.5 mg.	1.8 mg.
PHOSPHORUS	60 mg.	139 mg.
VITAMIN A	208 I.U.	444 I.U.
THIAMINE	0.05 mg.	0.17 mg.
RIBOFLAVIN	0.08 mg.	0.30 mg.
NIACIN	0.5 mg.	1.0 mg.
ASCORBIC ACID	3.1 mg.	4.4 mg.
VITAMIN D		62 I.U.
PROTEIN	2.9 Gm.	4.7 Gm.

The easy digestibility and appealing flavor of Ovaltine in milk enhance its value as a dietary supplement. Chocolate Flavored Ovaltine is especially liked by children.

*Based on average reported values for milk. Three servings of Ovaltine, each made of ½ oz. of Ovaltine and 8 fl. oz. of whole milk, the daily dosage recommended for diet supplementation, provide 676 calories.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.



Prevent INFECTION



ACCEPTED AMERICAN MEDICAL ASSN Council on Pharmacy and Chemistry

with
MERCUROCHROME
(H. W. & D. Brand of merbromin, dibrom-oxymercuri-fluorescein-sodium)

Extensive use of the Surgical Solution of Mercurochrome has demonstrated its value in preoperative skin disinfection. Among the many advantages of this solution are:

Solvents which permit the antiseptic to reach bacteria protected by fatty secretions or epithelial debris.

Clear definition of treated areas. Rapid drying.

Ease and economy of preparing stock solutions.

Solutions keep indefinitely.

The Surgical Solution may be prepared in the hospital or purchased ready to use.

Mercurochrome is also supplied in Aqueous Solution, Powder and Tablets.

HYNSON, WESTCOTT & DUNNING, INC.
Baltimore 1, Maryland

attacking arthritis



at the G-I level

With so many arthritics exhibiting evidences of constipation and hypofunction of the gallbladder, liver and kidneys—it is today generally conceded that "proper handling of the gastro-intestinal tract . . . may in some cases be the most important factor in successful management."* The Occy-Crystine formula is frequently used with benefit—to provide effective, non-irritant cathartic and cholagogic action; it is also sulfur-bearing.

Composition: Occy-Crystine is a hypertonic solution of pH 8.4, made up of the following active ingredients—sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts, contributing to the maintenance of solubility.

*Nuzum, F. R.: In Diseases of the Digestive System, ed. by S. A. Portis, Lea & Febiger, 1944.

OCCY-CRYSTINE LABORATORY
Salisbury, Connecticut

occy-crystine

the sulfur-bearing saline eliminant



A good night's rest
A good day's work

Allergic patients get <u>both</u>, with just 4 small doses

Comfort 'round-the-clock for your allergy patients . . . Decapryn provides long-lasting relief with low milligram dosage.

"Symptoms were relieved from 4 to 24 hours after the administration of a single dose of Decapryn—"[1]

"It was found that 12.5 mg. could be given during the day with comparatively few side reactions and yet maintain good clinical results—"[2]

prescribe

Decapryn® SUCCINATE

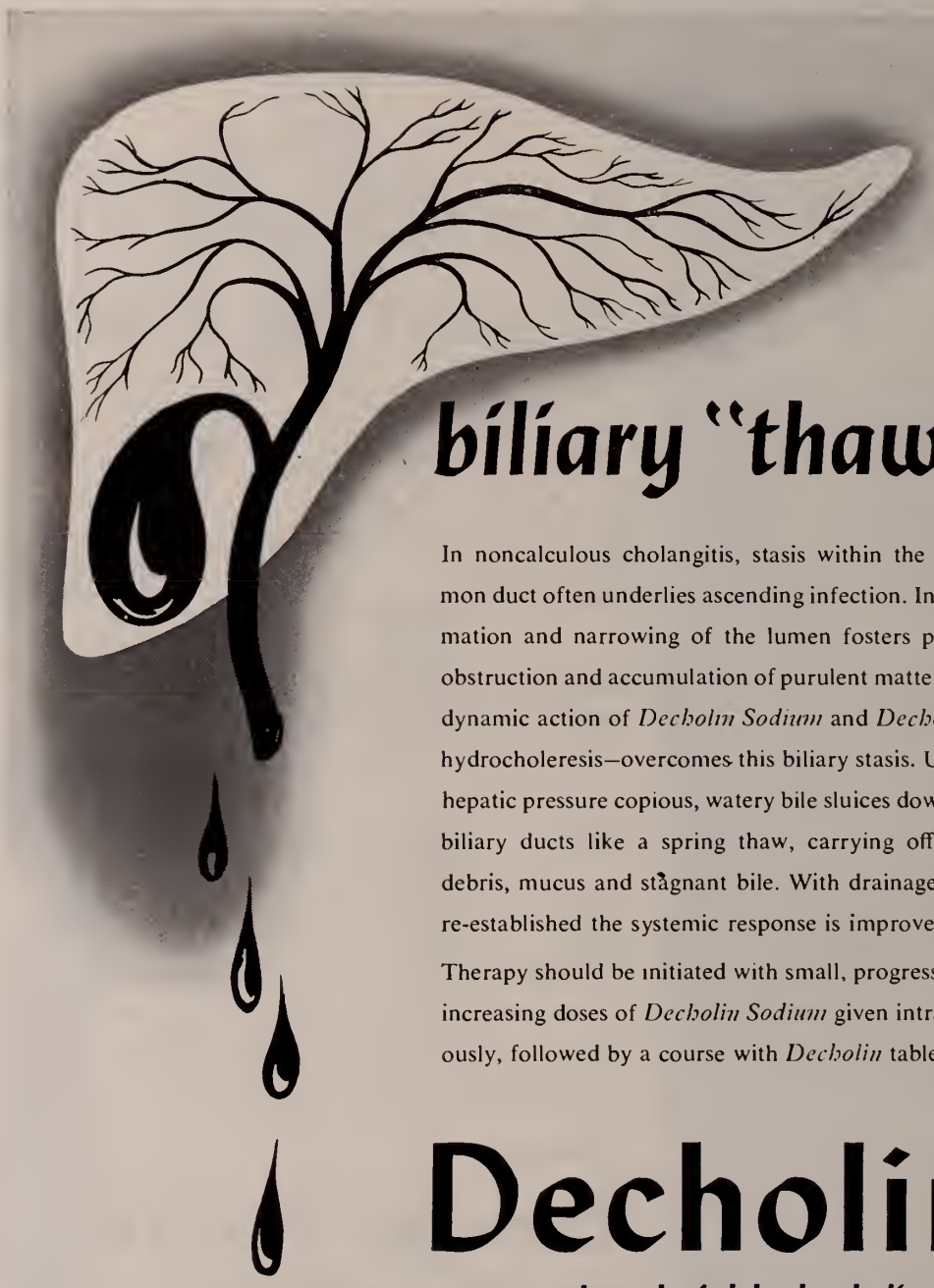
Brand of Doxylamine Succinate

THE LONG-LASTING LOW-DOSAGE ANTIHISTAMINE

12.5 mg. tablets, P. R. N. Also available in pleasant tasting syrup especially designed for children. (6.25 mg. per 5 cc) and 25 mg. tablets.

Merrell
1828
CINCINNATI • U.S.A.

1. Sheldon, J. M. et al: Univ. Mich. Hosp. Bull. 14:13-15 (1948). 2. MacQuiddy, E. L.: Neb. State M. J. 34:123 (1949).



biliary "thaw"

In noncalculous cholangitis, stasis within the common duct often underlies ascending infection. Inflammation and narrowing of the lumen fosters partial obstruction and accumulation of purulent matter. The dynamic action of *Decholin Sodium* and *Decholin*—hydrocholeresis—overcomes this biliary stasis. Under hepatic pressure copious, watery bile sluices down the biliary ducts like a spring thaw, carrying off pus, debris, mucus and stagnant bile. With drainage thus re-established the systemic response is improved.

Therapy should be initiated with small, progressively increasing doses of *Decholin Sodium* given intravenously, followed by a course with *Decholin* tablets.

Decholin®

brand of dehydrocholic acid

Tablets of 3¼ gr. in bottles of 25, 100, 500, and 1000.

Decholin Sodium® (brand of sodium dehydrocholate) in 20% aqueous solution, ampuls of 3 cc., 5 cc., and 10 cc., boxes of 3 and 20.

DECHOLIN and DECHOLIN SODIUM, trademarks reg. U. S. and Canada.

AMES

AMES COMPANY, INC.
ELKHART, INDIANA

when Milk becomes a dietary dilemma



Problem: When casein or other animal protein sensitivity renders all natural or processed milks* contraindicated in the pediatric dietary, because of eczematous, gastro-intestinal or other reactions, how can allergy be avoided and proper infant nutrition still be maintained?



Solution: Replace milk with Mull-Soy, the liquid hypoallergenic soy food—completely free of offending animal proteins. Mull-Soy is a biologically complete vegetable source of all essential amino acids, and closely approximates whole cow's milk in fat, protein, carbohydrate, and mineral content when diluted 1:1 with water. It is quickly prepared, palatable, easily digested and well-tolerated—equally desirable for infants, children or adults.

**Goat's milk and processed cows' milk have unmodified casein factors.*

BORDEN'S PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE, NEW YORK 17, N. Y.
In Canada write The Borden Company, Limited, Spadina Crescent, Toronto

Mull-Soy is a liquid hypoallergenic food prepared from water, soy flour, soy oil, dextrose, sucrose, calcium phosphate, calcium carbonate, salt, and soy lecithin; homogenized and sterilized. Available in 15½ fl. oz. cans at all drugstores.

Mull-soy

When Milk becomes "Forbidden Food"



tary deficiency, ability of the mole's brain to respond with mobilization of inflammatory cells, trauma of handling and reaction to foreign protein.

AN ABDUCTION EXERCISE SPLINT FOR THE SHOULDER

Edward J. Coughlin, Jr., M.D., Williamstown, Massachusetts. In THE JOURNAL OF BONE AND JOINT SURGERY 31-A:2:438 April 1949.

In many lesions in and around the shoulder joint, abduction within certain limits is greatly to be desired. Unfortunately, this has not been possible in many instances without keeping the patient confined to bed in some form of balanced suspension. From an economic point of view, this is burdensome; and at the present time, with hospital beds at a premium, it is impossible. In an attempt to provide abduction exercises without hospitalization, the ambulatory splint was devised.

The splint consists of a U-shaped metal bar which is strapped to the body by means of cross straps, and an axillary ring on the opposite side. In addition, there is a shoulder strap on the affected side to prevent the shoulder from being elevated during the period of abduction (fig. 1). The principle underlying the splint is very simple: Extension of the elbow shortens the rope from the elbow to the pulley (fig. 2), and by means of the sling around the elbow, the arm is brought into abduction. The degree of abduction to be obtained may be varied by shortening or lengthening the rope extending from the elbow sling to the hand grip.

ASPECTS OF PHYSICAL RECONDITIONING

Marcus J. Stewart, M.D., Memphis, Tennessee. In THE JOURNAL OF BONE AND JOINT SURGERY 31-A:2:349 April 1949.

Conservation of manpower and the gainful existence of the individual following orthopaedic injuries and disease are attained not so much by the restoration of function, as by continually preserving function. Thus, in the initial treatment of fractures, reduction of the bone fragments should not be paramount, but rather the

(*Continued on page* 46)



NEW

BETTER

- Prompt hemorrhoidal relief
- Effective decongestant action
- Rapidly emulsifying base
- No melting—no oily leakage
- Keeps at room temperature

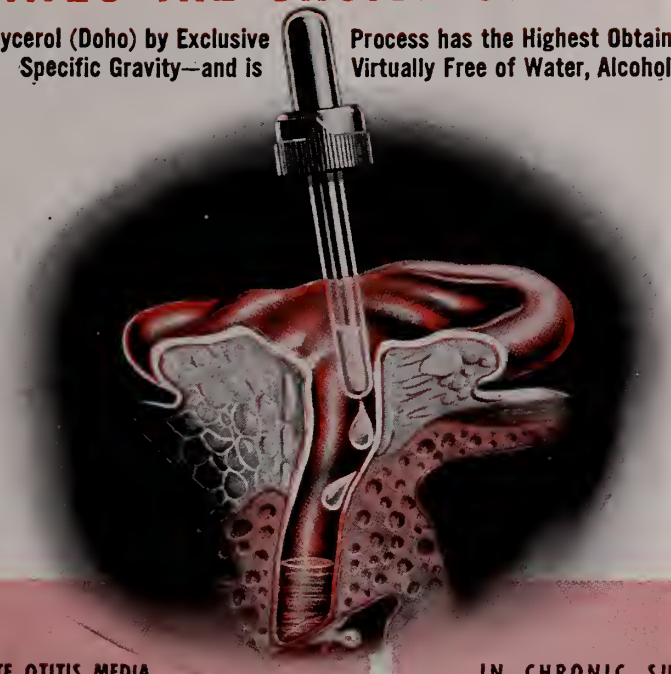
NUMOROIDAL **suppositories**

Formula:
Ephedrine hydrochloride.....0.22%
Benzocaine.....5.00%
in a special emulsifying base.
Average weight of 1 suppository—1.8 Gm.
Numoroidal Suppositories are supplied in boxes of 12, individually packaged in moisture-proof cellophane.

NUMOTIZINE, INC.
900 N. Franklin Street • Chicago 10, Illinois

THE INDICATION DICTATES THE CHOICE OF MEDICATION

Glycerol (Doho) by Exclusive Process has the Highest Obtainable Specific Gravity—and is Virtually Free of Water, Alcohol and Acids



IN ACUTE OTITIS MEDIA

REMOVAL OF IMPACTED CERUMEN

AS AN ADJUNCT TO SYSTEMIC ANTI-INFECTIVE THERAPY, AS PENICILLIN, ETC.

CONTAGIOUS DISEASE EAR INVOLVEMENTS

USE *Auralgan*

...because its potent decongestant, dehydrating and analgesic action provides quick, efficient relief of pain and inflammation in any intact drum involvement.

FORMULA:

Glycerol (DOHO) (Highest obtainable spec. grav.)	17.9c GRAMS
Antipyrine	0.81 GRAMS
Benzocaine	0.21 GRAMS

IN CHRONIC SUPPURATIVE OTITIS MEDIA, FURUNCULOSIS AND AURAL DERMATOMYCOSIS

USE

O-TOS-MO-SAN

...a potent chemical combination *(not a mere mixture)*, combining Sulfathiazole and Urea in AURALGAN Glycerol (DOHO) Base—because it exerts a powerful solvent action on protein matter, liquefies and dissolves exuberant granulation tissue, cleanses and deodorizes, and tends to exhilarate normal tissue healing in the effective control of chronic suppurative otitis media.

FORMULA:

Urea	2.0 GRAMS
Sulfathiazole	1.6 GRAMS
Glycerol (DOHO) Base	16.4 GRAMS

Literature and samples sent to physicians on request.

DOHO CHEMICAL CORP.—Makers of AURALGAN and O-TOS-MO-SAN NEW YORK 13

CHECK LIST

for choice of a laxative

Phospho-Soda (FLEET)* TYPE OF ACTION

- ✓ Prompt action
- ✓ Thorough action
- ✓ Gentle action

•

SIDE EFFECTS

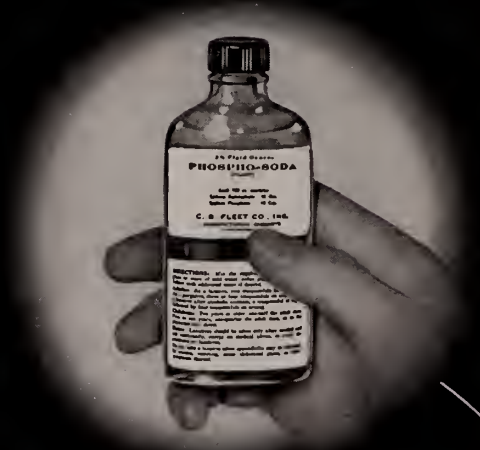
- ✓ Free from Mucosal Irritation
- ✓ Absence of Constipation Rebound
- ✓ No Development of Tolerance
- ✓ Safe from Excessive Dehydration
- ✓ No Disturbance of Absorption of Nutritive Elements
- ✓ Causes no Pelvic Congestion
- ✓ No Patient Discomfort
- ✓ Nonhabituating
- ✓ Free from Cumulative Effects

•

ADMINISTRATION

- ✓ Flexible Dosage
- ✓ Uniform Potency
- ✓ Pleasant Taste

Judicious Laxation

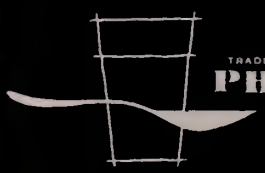


through controlled action

Phaspha-Sada (Fleet)*, aver the years, has won discriminoting preference by thausands af physicians . . . because af its contralled actian—its freedom fram undesirable side effect—and its ease of administratian. Your prescriptian af Phospho-Soda (Fleet)* ossures effective (ond safe) results. Liberal samples on request.

C. B. FLEET CO. INC.
LYNCHBURG, VIRGINIA

* 'PHOSPHO-SODA' and 'FLEET' *are registered trade-marks of C. B. Fleet Co., Inc.*



TRADE REG. U S PAT OFF MARK
PHOSPHO-SODA (FLEET)*

Phaspho-Sodo (Fleet)* is a solution contoining in each 100 cc. sodium biphasphate 48 Gm. and sodium phasphate 18 Gm.

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

MEAT...

And This Protein Era

"Today we are in the protein era."* This terse but meaningful statement, made by an outstanding authority in a recent review on the progress of nutrition, reflects an accomplishment of utmost significance.

This résumé of modern nutrition concepts shows convincingly that the recognition of the vital role of protein in health and disease ranks among the great advances of medicine.

The therapeutic use of a high protein dietary has revolutionized the prognostic outlook in many hepatic diseases formerly considered resistant to treatment.

The use of high protein dietaries has resulted in a gratifying reduction of surgical morbidity and mortality, made possible by systematic presurgical nutritional build-up of the patient. Through this same approach, wound healing and general recovery are greatly promoted.

In nephritis and nephrosis, at one time considered absolute contraindications for animal protein in the dietary, the use of protein in liberal amounts can significantly reduce mortality and decidedly improve the clinical condition.

The benefits derived from high-protein nutrition in pregnancy and lactation are diversified and far-reaching, embracing both mother and offspring. For this reason, a generous extra serving of meat, given daily as a routine measure, has been strongly recommended as a means of improving the health of mother and child.

Meat is rightfully regarded as an outstanding protein source. It is notably rich in protein. The protein of meat is biologically complete, capable of satisfying all protein needs of the body from childhood to old age. And, particularly important in disease, the excellent digestibility of meat gives virtual assurance that its protein and other valuable nutrients become available for utilization.

*McLester, J. S.: Protein Comes Into Its Own, J.A.M.A. *139*:897 (April 2) 1949

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.



American Meat Institute

Main Office, Chicago...Members Throughout the United States

Physical Medicine (Continued)

decision as to the most rapid method of restoring the whole individual to a functioning, economically solvent capacity. Surgical repair and treatment should be based on a program which will adequately immobilize the injured part, and at the same time maintain good tissue turgor and a properly functioning vascular tree, and allow early active exercise. In operative cases, it is as much the surgeon's responsibility to impress upon the patient the importance of postoperative care and proper muscle re-education as it is to employ good surgical technique. Each patient who faces more than a few days of convalescence should be given a detailed schedule of active rehabilitation,—especially a program of remedial exercises.

. The ideal stepping stones to physical reconditioning of the patient are:

1. An enthusiastic desire on the part of the patient and the doctor to attain and maintain the best possible function of the affected part and of the whole body;

2. The acceptance of a program of early, active non-weight-bearing and weight-resisting exercises, religiously executed;

3. Intelligent and systematic deep breathing, with conscientious maintenance of good posture;

4. The application of heat, massage, and special appartus in selected cases.

The doctor and the physical instructor must gain the patient's complete confidence and cooperation; the keynotes should be patience, sincerity, enthusiasm, and optimism. The patient should be taught three important phases of muscle rehabilitation: (1) contacting, (2) sustained contracture, and (3) complete relaxation. The objective should be what is commonly referred to as dynamic physical reconditioning, or dealing with the specific therapeutic need of the individual, in contrast to physical reconditioning, which refers to general calisthenics.

The relative value of health and wealth always depend on which one you have lost.

—R & R Magazine

for **RELIEF** of constipation without catharsis

NEO-CULTOL®

Natural Corrective
Non-Habit Forming

L. acidaphilus in refined mineral oil jelly, chocolate flavored—restores normal intestinal flora and normal colonic function without griping, flatulence, diarrheic movements—gently lubricates without leakage. Jars containing 6 oz.

Arlington

THE ARLINGTON CHEMICAL COMPANY

YONKERS 1, NEW YORK

a new achievement!

"oil-in-water"



vi-syneral injectable

Aqueous parenteral solutions of liposoluble vitamins A, D and E are more rapidly and completely absorbed . . . and are relatively free from local reactions . . . characteristic of injectable oily solutions.

Vi-Syneral Injectable . . . the first and only aqueous* parenteral preparation of oil- and water-soluble vitamins . . . ready to inject intramuscularly . . . no mixing . . . no diluent needed.

Each Vi-Syneral Injectable 2 cc. ampul provides in aqueous solution:

Vitamin A (natural) .	*10,000 Units*
Vitamin D (calciferol)	*1,000 Units*
Alpha-Tocopherol (E) .	*2 mg.*
Ascorbic Acid (C) . . .	*50 mg.*
Thiamine HCl (B_1) . .	*10 mg.*
Riboflavin (B_2)	*1 mg.*
Pyridoxine HCl (B_6) . .	*3 mg.*
Niacinamide	*20 mg.*

*Protected by U. S. Patent No. 2,417,299

Boxes of 6, 25, 100 and 500 ampuls.

Professional samples and literature upon request.

u. s. vitamin corporation
casimir funk laboratories, inc. (affiliate)
250 E. 43rd St., New York 17, N. Y.

BOOK REVIEWS



CORRECTION PLEASE

Due to an error, the April issue of the Illinois Medical Journal carried a book review on "Clinical Aspects and Treatment of Surgical Infections" by Frank Lamont Meleney, M. D., as having been published by the Oxford University Press.

This book was published by W. B. Saunders Company of Philadelphia, and we desire at this time, to call your attention to the correction.

THANK GOD FOR MY HEART ATTACK. Copyright, 1949, by Charles Yale Harrison. Printed in the United States of America. Designed by Maurice Serle Kaplan. Henry Holt and Company, New York. 144 pages. Price $2.50.

In this small book of 144 pages the author tells of his experience as the victim of a typical attack of coronary thrombosis. His treatment was excellent and so ideal that any physician who reads the book will wish that all of his patients could be treated the same way. First-hand experience is combined with factual medical knowledge permitting Harrison to compare his symptoms, inclinations and treatment with those already known. Names of physicians and nurses are omitted; questionable ideas are given fair consideration. The book is interesting, instructive and encouraging and will be enjoyed by everyone who has had a similar experience.

T. R. V.

SUBACUTE BACTERIAL ENDOCARDITIS. By Emanuel Libman, M.D. Late Consulting Physician, The Mount Sinai Hospital, New York City; and Charles K. Friedberg, M.D., Adjunct Physician, The Mount Sinai Hospital, New York City. Edited by Henry A. Christian, A.M., M.D., LL.D., Sc.D. (Hon.), M.A.C.P., Hon. F.R.C.P. (Can), D. S.M. (Am. Med. Assoc.), Hersey Professor of the Theory and Practice of Physic, Emeritus. Oxford University Press, New York. 113 pages. 1948. $3.50.

The clinical course of subacute bacterial endocarditis has been remarkably changed in the past few years by the introduction of antibiotics in its treatment, from a disease with a 95% mortality rate to one in which there is every reason to expect a majority of recoveries if treatment is adequate. For this reason the physician in charge of these patients must not only know the etiology of the individual case but must also consider the pathology, clinical sourse and possible complications of subacute bacterial endocarditis. All of these factors are discussed in this small book by Drs. Libman and Friedberg. The physician who has read this volume will be in excellent position to treat intelligently and effectively patients with subacute bacterial endocarditis.

J. C. S.

PATHOLOGY. Edited by W. A. D. Anderson, M.A. M.D., F.A.C.P. Professor of Pathology and Bacteriology, Marquette University School of Medicine, Milwaukee, Wisconsin. With 1183 illustrations and 10 color plates. St. Louis: The C. V. Mosby Company. 1948. 1453 pages. $15.00.

This is an excellent book which contains a vast amount of material. It is very well written by a distinguished group of collaborators. The photomicrographs are of a high standard and other illustrations are adequate. The excellency of the book is only slightly marred by the inclusions of a large amount of fine print, which one suspects was necessary in order to include the enormous amount of material covered. One hopes that in one of the forthcoming editions which this work so fully deserves that the publishers see fit to set it in larger type, two columns to the page, and thus make it much easier reading. In spite of these minor drawbacks the book is useful

(*Continued on page* 50)

For Circulatory and Respiratory Support during and after operation inject Metrazol intravenously

Metrazol Ampules
1 cc. and 3 cc.
Sterile Solution
30 cc. vials.



COUNCIL ACCEPTED

Metrazol, T. M. reg. U. S. Pat Off.

BILHUBER-KNOLL CORP. - ORANGE, NEW JERSEY

for Fifty Years

PROFESSIONAL PROTECTION

EXCLUSIVELY

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

CHICAGO: T. J. Hoehn, E. M. Breier and W. R. Clouston, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 2-0990—ROCHESTER: F. A. Seeman, Representative, Tel. Rochester 6481



FULLY APPROVED BY THE
AMERICAN COLLEGE OF SURGEONS

NORTH SHORE HEALTH RESORT

WINNETKA, ILLINOIS

on the Shores of Lake Michigan

A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock

Samuel Liebman, M.S., M.D.
Medical Director

225 Sheridan Road Phone Winnetka 211

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

●

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: CEntral 6-2268 and 6-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate

Book Reviews (Continued)

to any medical student or as a reference work for anyone concerned in the practice of medicine. The chapters on tropical diseases, skin and the nervous system are particularly worth attention.

J. C. S.

HUMAN PHYSIOLOGY. By F. R. Winton, M.D., D.Sc., Professor of Pharmacology, University College, London, and L. E. Bayliss, Ph.D., Reader in Physiology, University College, London. Third Edition. 248 Illustrations. The Blakiston Company, Philadelphia and Toronto. 592 pages.

The third edition of this popular textbook has the same aim as previous editions, to teach the student to think rather than to force him to memorize current theories on this ever-changing subject. Omissions rather than compression keep the book short; the authors intend to leave biochemistry and histology to specialized textbooks in their own fields.

J. C. S.

MICROBIOLOGY AND PATHOLOGY. By Charles F. Carter, B.S., M.D. Instructor in Pathology and Applied Microbiology, Parkland Hospital School of Nursing, Dallas, Texas. With 216 text illustrations and 25 color plates. Fourth Edition. St. Louis. The C. V.

in whooping cough

ELIXIR BROMAURATE

IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. — *Medical Director*

Barclay J. MacGregor — *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS

(near Chicago)

Mosby Company. 1948. 845 pages. $5.00.

The fourth edition of this standard textbook for nurses has been extensively rewritten and revised. Material on antibiotics, immunization, hepatitis and homologous serum jaundice has been added. As before, the book is well and simply written, is abundantly illustrated, and will continue to serve as an indispensible text for anyone who teaches this subject to nurses.

J. C. S.

BAILEY'S TEXTBOOK OF HISTOLOGY: Revised by Philip E. Smith, Ph.D., Professor of Anatomy, College of Physicians and Surgeons, Columbia University; and Wilfred M. Copenhaver, Ph.D., Assistant Professor of Anatomy, College of Physicians and Surgeons, Columbia University. Twelfth Edition. The Williams and Wilkins Company, Baltimore. 781 pages. 1948. $7.00.

The twelfth edition of this standard textbook of histology is as excellent as its predecessors. It is primarily a textbook for first year students in medicine and dentistry. There is now more emphasis on correlation with physiological function where possible, and also an attempt to bridge the gap between gross and microscopic anatomy. The book has been partly revised and rewritten.

J. C. S.

COSTEFF SANITARIUM

Mental and Nervous Disorders
Alcoholism and Drug Addiction

- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois

HARRY COSTEFF, M. D., Medical Director

1109 NO. MADISON AVE., PEORIA, ILL.

Phone 4-0156 **Literature on request.**

Diaparene

(METHYL BENZETHONIUM CHLORIDE)

"MEDICATES THE DIAPER"

Every day more physicians rely upon *non-mercurial* DIAPARENE to eliminate the cause of diaper rash.

***Promoted exclusively through the medical profession.* Samples to physicians on request.**

Pharmaceutical Division. **Homemakers' Products Corporation**
New York 10, N. Y. Toronto 10, Canada

Fairview Sanitarium

2828 S. PRAIRIE AVE.
CHICAGO 16
Phone CAlumet 5-4588

Registered with the American Medical Association,

FOR THE DIAGNOSIS AND TREATMENT OF

MENTAL and NERVOUS DISORDERS

featuring all recognized forms of therapy including —

ELECTRONARCOSIS
ELECTRIC SHOCK
HYPERPYREXIA
INSULIN

NEWEST TREATMENTS FOR ALCOHOLISM

J. DENNIS FREUND, M.D.

Medical Director and Superintendent

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $8.00
$25 weekly indemnity, accident and sickness Quarterly
$10,000.00 accidental death $16.00
$50 weekly indemnity, accident and sickness Quarterly
$15,000.00 accidental death $24.00
$75 weekly indemnity, accident and sickness Quarterly
$20,000.00 accidental death $32.00
$100 weekly indemnity, accident and sickness Quarterly
ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN
Cost has never exceeded amounts shown.

85c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS — **$15,000,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

46 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

BOOKS RECEIVED

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

CARE OF THE SURGICAL PATIENTS Including Pathologic Physiology and Principles of Diagnosis and Treatment: By Jacob Fine, M. D., Surgeon-in-Chief, Beth Israel Hospital; Professor of Surgery at Beth Israel Hospitals, Harvard Medical School. 544 pages with 40 figures. Phliadelphia and London: W. B. Saunders Company, 1949. Price $8.00.

CLINICAL AUSCULATION OF THE HEARTS By Samuel A. Levine, M. D., Clinical Professor of Medicine, Harvard Medical School; Physician, Peter Bent Brigham Hospital; and W. Proctor Harvey, M. D., Research Fellow in Medicine, Harvard Medical School Assistant in Medicine, Peter Bent Brigham Hospital. 327 pages with 286 figures. Philadelphia and London: W. B. Saunders Company, 1949. Price $6.50.

NURITION AND DIET IN HEALTH AND DISEASE: By James S. McLester, M. D., Professor of Medi-

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium

Telephone Naperville 450

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Physician

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

cine, University of Alabama, Birmingham. New, 5th Edition. 800 pages. Philadelphia and London: W. B. Saunders Company, 1949. Price $9:00.

How To Become A Doctor: A complete guide to the study of medicine, dentistry, pharmacy, veterinarian medicine, occupational therapy, chiropody and foot surgery, optometry, hospital administration, medical illustration, and the sciences: By George R. Moon, A. B. M. A. Examiner and Recorder, University of Illinois Colleges of Medicine, Dentistry and Pharmacy. 131 pages. Philadelphia and Toronto: The Blakiston Company, 1949. Price $2.00.

Textbook Of Medicine: By various authors. Edited by Sir John Conybeare, K. B. E., M. C., D. M. (Olson), F. R. C. P., Physician to Guy's Hospital, London Ninth Edition. 875 pages. Baltimore: The Williams and Wilkins Company, 1949. Price $8.00.

Cardiovascular Disease In General Practice: 3rd Edition: By Terence East, M. A., D. M., F. R. C. P., Physician and Physician in Charge, Cardiological Department, King's College Hospital, London. 34 illustrations: 208 pages: April 20, 1949. Philadelphia and Toronto, The Blakiston Company. Price $4.00.

Oral And Dental Diagnosis, With Suggestions for Treatment. By Kurt H. Thoma, D. M. D., F. D. S.

(*Continued on page* 56)

Our 35th Year Complete X-Ray & Laboratory Service
Central X-Ray & Clinical Laboratory

F. F. Schwartz, M.D. Director
109 N. Wabash Ave. De 2-6960
(Chicago)

BELLEVUE PLACE

For NERVOUS and MENTAL DISEASES

★

Edward Ross, M.D., Medical Director
BATAVIA ILLINOIS — PHONE BATAVIA 1520

City View Sanitarium

● FOR THE DIAGNOSIS AND TREATMENT OF MENTAL AND NERVOUS DISORDERS, ALCOHOLISM AND DRUG ADDICTIONS.

Established in 1907 by the late John W. Stevens, M.D. 52 acres near city. Separate buildings for men and women. Two full time psychiatrists. Electric shock and insulin therapy in selected cases. Occupational therapy. Physiotherapy department. Adequate laboratory facilities.

Nashville 4, Tennessee

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 5

CLASSIFIED

Classified Advertisements 56

FOODS

American Meat Institute, Chicago 45
Borden's, New York 17 41
Coca Cola, Atlanta, Ga.
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Confectioner's Assn., Chicago 2
Wander Company, 360 N. Michigan Ave., Chicago 37

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Indiana 49
Physician Casualty Co., Omaha, Neb. 52

GENERAL

Abbott Laboratories, North Chicago, Illinois 23
Ames Co., Inc., Elkhart, Ind. 40
The Arlington Chemical Co., Yonkers, N. Y. 46
Armour Laboratories, Chicago 9, Ill.
Ayerst, McKenna & Harrison Ltd., New York 16 10
Bilhuber Knoll Corp., Orange, N. J. 49
Bristol Laboratories, Inc., Syracuse 1, N. Y. 22
Burroughs Wellcome & Co., Inc., Tuckahoe 7, N. Y. 28
The Central Pharmacal Co., Seymour, Ind. 33
Ciba Company, Summit, N. J. 4
Commercial Solvents Corp., Terre Haute, Ind. 36
Doho Chemical Corp., New York 13, N. Y. 43
Eaton Laboratories, Inc., Norwich, N. Y.
Endo Products Inc., Richmond Hill 18, N. Y. 11
C. B. Fleet Co., Inc., Lynchburg, Va. 44
Gold Pharmacal Co., New York 50
Hoffman-LaRoche, Inc., Nutley, N. J. 8
Holland-Rantos Co., Inc., 551 Fifth Ave., New York 32
Homemakers' Products Corp., New York 10, N. Y. 51
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 38
International Vitamin Corp., 22 E. 40th St., New York City
E. E. Kunze, Inc., Milwaukee 4
Lanteen Medical Laboratories, Chicago 10
Lederle Laboratories, New York 20 9
Thos. Leeming & Co., Inc., New York 17 3
Lily, Eli & Co., Indianapolis, Ind. 29, 30
S. E. Massengill Co., Bristol, Tenn.
McKesson & Robbins, Inc., Bridgeport, Conn.
Merck & Co., Rahway, N. J. 27
Wm. S. Merrell, Cincinnati 7, 26, 39
Morris, Philip & Co., 119 Fifth Ave., New York
Nepera Chemical, Yonkers, N. Y.
Num Specialty Co., Pittsburgh, Pa. 56
Numotizine, Inc., Chicago 10 42
Occy-Crystine Laboratory, Salisbury, Conn. 38
Organon, Orange, N. J. 35
Parke, Davis & Co., Detroit, Mich. 15
Plastishield, Inc., Minneapolis
Reed & Carnrick, Jersey City 6, N. J.
Reynolds & Co., R. J., Winston-Salem, N. C. 14
A. H. Robins Co., Inc., Richmond 20, Va.
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago
Sandoz Pharmaceuticals, New York 14
Schenley Laboratories, Inc., N. Y. 1, N. Y.
Schering Corp., Bloomfield, N. J. 25
Schieffelin & Co., New York 3
Schmid, Julius, Inc., 423 W. 55th St., New York City ..
G. D. Searle & Co., P. O. Box 5100, Chicago
..... Inside Front Cover
Secretary of Defense, Washington, D. C. 16
Sharp & Dohme, 11 Canal St., Chicago 18
Smith Dorsey Co., Lincoln, Nebr.
Smith, Kline & French, Philadelphia 6, 19, 31, 55
E. R. Squibb & Co. 21
The Tarbonis Co., Cleveland 3, Ohio
Upjohn Co., Kalamazoo, Mich. 12
U. S. Vitamin Corp., New York 17 47
Walker Vitamin Products, Inc., New York
Wm. R. Warner & Co., 113 W. 18th St., New York 24
Whittaker Laboratories, Inc., New York City 5
White Laboratories, Inc. 13
Winthrop Stearns Co., 70 Varick St., New York 20
Wyeth Incorporated 17
Zemmer Co., Pittsburgh, Pa. 56

SANATORIA AND SANITARIA

Bellevue Place, Batavia, Ill. 53
City View Sanitarium, Nashville 4, Tenn. 53
Costeff Sanatorium, Peoria, Ill. 51
Edward Sanatorium, Naperville, Ill. 52
Fairview Sanitarium, Chicago 16 51
Mitchell Farm, Peoria 52
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 53
North Shore Health Resort, Winnetka 50
Mary Pogue School, Wheaton, Ill. 51
Stokes Sanitarium, Louisville, Ky. 56

EQUIPMENT

Picker X-Ray, New York 10, N. Y.
Rexair, Toledo, Ohio

RADIUM

Central X-Ray & Clinical Laboratory, 58 E. Washington, Chicago 53
Physicians Radium Assn., Chicago 2 50



for emotional equilibrium in the menopause

BENZEBAR* not only frequently alleviates the depression you see in menopausal patients, but also the nervousness.

'BENZEBAR' is a logical combination of Benzedrine* Sulfate and phenobarbital. Thus, it provides the unique improvement of mood characteristic of 'Benzedrine' Sulfate and the mild sedation of phenobarbital. These two established agents work together to stabilize the patient's emotions and to restore her zest for life and living.

Each 'Benzebar' tablet contains: 'Benzedrine' Sulfate, N.N.R. (racemic amphetamine sulfate, S.K.F.), 5 mg.; phenobarbital, ¼ gr. *Smith, Kline & French Laboratories, Philadelphia*

Benzebar

for the depressed and nervous patient

*'Benzedrine' and 'Benzebar' T.M. Reg. U.S. Pat. Off.



FOR RELIEF OF DISCOMFORT
in Skin Affections
ACNE, PSORIASIS, INSECT BITES and SUNBURN
Use DERMAL PENATRIN (ZEMMER)
Stainless and greaseless. Contains Resorcin, Zinc Oxide, Carbolic Acid combined with Menthol, Glycerine and our Penatrin (water miscible) base. Supplied in ½ oz. and 1 oz. collapsible tubes.
Literature and prices supplied on request.
Chemists to the Medical Profession Since 1903. IL7-49
THE ZEMMER COMPANY • Pittsburgh 13, Pa.

Books Received (Continued)

R. C. S. Eng., Professor of Oral Surgery, Emeritus, and Brackett Professor of Oral Pathology, Harvard University. With Contributions by Henry Goldman, D. M. D., Head of the Dental Department, Beth Israel Hospital, Boston; Fred Trevor, D. M. D., Formerly Instructor in Oral Pathology, Harvard Dental School. New, 3rd Edition. 563 pages with 776 illustrations, 60 in color. Philadelphia and London: W. B. Saunders Company, 1949, Price $9.50.

Psychomatic Medicines The Clinical Application of Psychopathology to General Medical Problems; By Edward Weiss, M. D., Professor of Clinical Medicine, Temple University Medical School, Philadelphia; and O. Spurgeon English, M. D., Professor of Psychiatry, Temple University Medical School, Philadelphia. New, (2nd) Edition. 803 pages. Philadelphia and London: W. B. Saunders Company, 1949. Price $9.50.

Geriatric Medicines: The Care of the Aging and the Aged: Edited by Edward J. Stieglitz, M. S., M. D., F. A. C. P., Attending Internist, Suburban Hospital, Bethesda, Maryland, Doctor's Hospital, Washington, D. C. New, 2nd edition. 773 pages, with 180 figures. Philadelphia and London: W. B. Saunders Company, 1949. Price $12.00.

Practical Orthoptics In The Treatment Of Squints (3rd Ed.) By T. Keith Lyle, M. A., M. D., M. R. C. P., F. R. C. S., Surgeon and Medical Officer in Charge of Orthoptic Department, Westminster Branch, Moorfields, Westminster and Central Eye Hospital; Ophthalmic Surgeon, King's College Hospital; and Sylvia Jackson, S. R. N., D. B. O., Formerly Senior Orthoptist, Royal Westminister Ophthalmic Hospital. With the assistance of Lorna Bilinghurst, D. B. O. and Diana Salsbury, D. B. O. 151 illustrations, 3 in color; 271 pages; April 20, 1949; $8.50.

Varicose Veins And Venous Thrombosis Of The Lower Extremity: Second Edition by Anthony M. Barone, M. D., 400 W. North Avenue, Chicago, Illinois. 70 pages. With a foreword by Geza de Takats, M. D. M. Surg. F. A. C. S., Associate Professor of Surgery, University of Illinois, College of Medicine. $2.50.

Joseph Bolivar Delee: Crusading Obstetrician, By Morris Fishbein, M. D., with Sol Theron deLee, M. D., 313 pages. E. P. Dutton & Co., Inc., New York. $5.00.

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or iess: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Journal. Cash in advance must accompany copy.

WANTED: Thoroughly competent woman physician for Industrial Office. Must he graduate of Class A Schooi with adequate hospitai training. Write Box 136, Ill. Med. Jl., 30 N. Michigan, Chicago 2.

FOR SALE: Excellent rurai practice. Priced reasonable. Only physician to serve three communities. Established over 45 years. Home and interest in bank can be included. Dr. W. H. Whitsitt, Danforth, Illinois. 8/49

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rehuilds the physicai and nervous condition of the patient. Liqnor withdrawn gradually, no limit on the amount necessary to prevent or relieve deiirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It reiieves the constipation, restores the appetite and sieep; withdrawai pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted hy us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

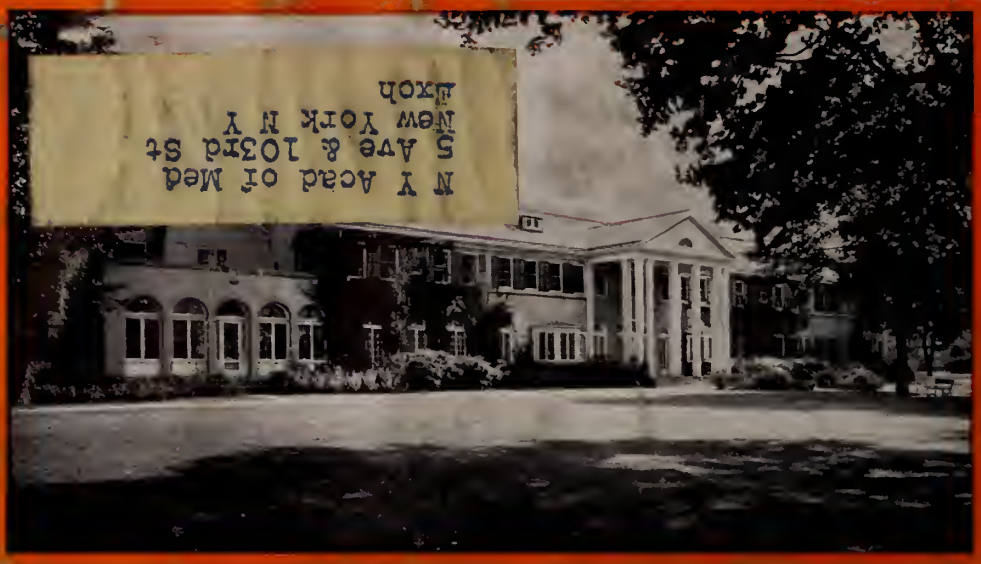




There is only one Pablum. It was originated in 1932 by and is made by Mead Johnson & Company. "Pablum" is the registered trademark of Mead Johnson & Company for this pioneer vitamin-and-mineral-enriched precooked mixed cereal food.

Pabena was introduced by Mead Johnson & Company in response to numerous requests by the medical profession. "Pabena" is Mead Johnson's registered trademark for this vitamin-and-mineral-enriched precooked oatmeal food.

MANY PHYSICIANS RECOGNIZE MEAD JOHNSON AND COMPANY'S PIONEER EFFORTS IN THE FIELD OF INFANT CEREALS BY SPECIFYING "PABLUM"—AND ALSO THE NEW PABLUM-LIKE OATMEAL CEREAL KNOWN AS "PABENA"



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
G. Charles Sutch, M. D.
Raymond Headlee, M. D.
Arthur J. Patek, M. D.
Consultant

G. H. Schroeder,
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 1162

THE N.Y. ACADEMY OF MEDICINE
AUG 23 '49
LIBRARY

The ILLINOIS Medical Journal

VOL. 96 NO. 2

August, 1949

Pictorial Report of the 1949 Annual Meeting

Allergic Retrobulbar Neuritis

2nd Session, House of Delegates

(See page 5 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY



RUPHYLLIN®

. . . acts to preserve the integrity of the capillaries —particularly useful for prevention and treatment of capillary fragility in hypertension, arteriosclerosis and diabetes mellitus.

FORMULA:	Aminophyllin	100 mg.
	Rutin	20 mg.
	Phenobarbital	15 mg.

DOSE: Ruphyllin is recommended in doses of one tablet three times a day. This dosage, however, may be increased to two tablets three times daily as the needs of the patient indicate; it may be administered safely over prolonged periods of time.

G. D. Searle & Co., Chicago 80, Illinois

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.

SUMMER SORROWS

poison ivy & co.

poison ivy is probably the most prolific summertime source of pruritus

AS AN AID TO AVOIDANCE

of dermatitis venenata, the famous CALMITOL "Ivy Leaf"* reproduces an exact cut-out of the *rhus* leaf and gives some simple criteria for plant identification.

CALMITOL

**The CALMITOL "Ivy Leaf" may be obtained, as a professional service, in quantities suitable for practitioners, school and company physicians by writing to* Thos. Leeming & Co., Inc. *155 East 44th Street, New York 17, N. Y.*

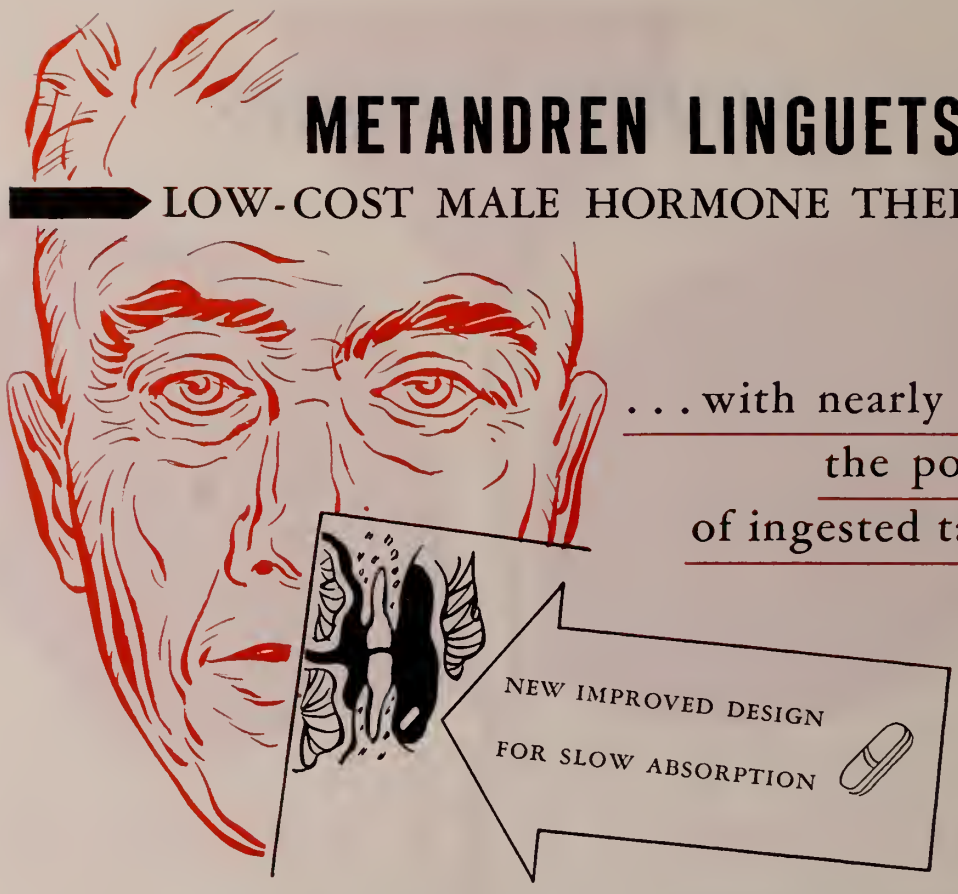
AS AN AID TO TREATMENT

CALMITOL affords swift, sustained and *safe* control of itch caused by dermatitis venenata or of any other origin. Completely free from dangerous drugs such as phenol, cocaine and cocaine derivatives, CALMITOL effectively and safely blocks the pruritic impulse at its point of origin through the anti-pruritic action of camphorated chloral, hyoscyamine oleate and menthol.

Thos. Leeming & Co. Inc. 155 EAST 44th STREET, NEW YORK 17, N. Y.

METANDREN LINGUETS

LOW-COST MALE HORMONE THERAPY



. . . with nearly twice the potency of ingested tablets

Metandren Linguets contain methyltestosterone for sublingual or buccal administration.

The superiority of Metandren Linguets over other androgens by this route may be partly attributed to the fact that only methyltestosterone is effective orally. In contrast, when free testosterone or testosterone propionate is given sublingually, that portion unavoidably swallowed is almost completely destroyed.

Metandren Linguets of methyltestosterone are the "most economical and also efficient way of administering testosterone," according to Lisser.[1] Tyler finds that 140 mg. of methyltestosterone weekly in the form of Linguets is equivalent to an ingested dosage of approximately 210 mg., or to an injected dosage of 75 mg. of testosterone propionate.[2]

PERANDREN
is the pioneer brand of testosterone propionate, the most potent injectable androgen.

Adult maintenance dosage is from one to three 5-mg. Linguets daily. Most children need only one-half to one 5-mg. Linguet daily. Literature on request.

1. Lisser, H.: Calif. & West. Med., 64: 177, 1946
2. Tyler, E. T.: J.A.M.A., 139: 9, Feb., 1949.

METANDREN LINGUETS, 5 mg. (white), scored; 10 mg. (yellow), scored — in bottles of 30, 100 and 500.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

METANDREN LINGUETS — Trade Marks Reg. U. S. Pat. Off. 2/1438M

TABLE OF CONTENTS

AUGUST, 1949
Vol. 96, No. 2

PICTORIAL REPORT OF THE 1949 ANNUAL MEETING 101

HOUSE OF DELEGATES
Second Session, May 18, 1949 122

ORIGINAL ARTICLES
Allergic Retrobulbar Neuritis, *Thomas D. Allen, M.D.*, and *Otto F. Seidelmann, M.D.*, Chicago 106
The Surgical Aspects of Diverticulosis and Diverticulitis, *John L. Keeley, M.D.*, Chicago 110
Treatment of Infantile Hernia by Ligation, *Stanley D. Anderson, M.D.*, and *Calvin P. Midgley, M.D.*, Waukegan 116
Malignant Melanoma Virtually Limited to Serous Surfaces, *Case Report, John F. Barnes, M.D.*, and *Lester S. King, M.D.*, Chicago 117

EDITORIALS
1950 Annual Meeting To Be Held In Springfield 85
The United Mine Workers' Health and Welfare Program 85
Television and "Eye Strain" 87
Health Improvement Associations in Illinois 88
As Others See Us! 89
Hospital Births In Illinois 90
Illinois Physicians Exhibit Art 90

Council Meeting Minutes, June 12, 1949 140
Book Reviews 52

STATE DEPARTMENT OF PUBLIC HEALTH
Public Health Legislation Passed by the 66th General Assembly 93
Conferences On Hospital Food Service 95

CORRESPONDENCE
Public Health Officers Needed For Japan 97
"Your Mental Hospitals" Geriatrics 97
Obstetricians Certify 236 98
Clinics For Crippled Children Listed For September 98
Chicago Medical Society Postgraduate Courses .. 99
Blood Bank Ass'n To Meet In Seattle 100
I.C.S. To Meet In Atlantic City 100
Mississippi Valley Medical Society Meets At St. Louis 100
The American Congress of Physical Medicine ... 100

PATHOLOGY CONFERENCES
Primary Carcinoma of the Ethmoid Sinus, *Kane Zelle, M.D.*, Springfield 142

PHYSICAL MEDICINE ABSTRACTS 44

NEWS OF THE STATE 144

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death	**$8.00**
$25 weekly indemnity, accident and sickness	Quarterly
$10,000.00 accidental death	**$16.00**
$50 weekly indemnity, accident and sickness	Quarterly
$15,000.00 accidental death	**$24.00**
$75 weekly indemnity, accident and sickness	Quarterly
$20,000.00 accidental death	**$32.00**
$100 weekly indemnity, accident and sickness	Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

Cost has never exceeded amounts shown.

85c out of each $1.00 gross income used for members benefit

$3,000,000.00 INVESTED ASSETS — **$16,000,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

47 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

No Finer Name in Contraceptives...
SINCE 1934



Tested by TIME
Proved by EXPERIENCE

Active ingredients
Trioxymethylene 0.04% Sodium Oleate 0.67%

FREE
Diaphragms

12 COOPER CREME
Large size tubes $8.00

6 DIAPHRAGMS
Guaranteed 2 years NO CHARGE
SIZES 50 TO 100 MM.

This $14.00 Value
$8.00

Write "Special Offer" on your Rx blank. State size diaphragms wanted and mail at once to

Whittaker Laboratories
INC.
Peekskill, N.Y.

"We have never had other iron salts so efficacious..."[1]

In the treatment of hypochromic anemia the new molybdenum-iron complex, Mol-Iron, is being found to possess *marked advantages* over equivalent dosage of ferrous sulfate alone, or combined with liver-stomach extract or folic acid.

Independent controlled tests[1, 2, 3] in relatively resistant iron-deficiency anemia of pregnancy have demonstrated a more rapid hemoglobin regeneration as well as greatly improved gastric tolerance. Investigators have commented: "The increases in hemoglobin (with Mol-Iron) were... dramatic and... rapid;"[1] there was "more rapid... response than with ferrous sulfate...;"[2] "unusually effective and well tolerated in... hypochromic anemia;"[3] "... encouraging results obtained with molybdenized ferrous sulfate in the microcytic hypochromic group indicate a better prognosis in these conditions (pregnancy anemia) in the future."[4]

1. Dieckmann, W. J., and Priddle, H. D.: Am. J. Obstet. & Gynec. *57*:541 (March) 1949.
2. Chesley, R. F., and Annitto, J. E.: Bull. Margaret Hague Maternity Hosp. *1*:68 (Sept.) 1948.
3. Healy, J. C.: Journal-Lancet *66*:218-221 (July) 1946.
4. Talso, P. J.: J. Ins. Med. *4*:31-34 (Dec.-Jan.-Feb.) 1948-1949.

White's **Mol-iron** Tablets Liquid

MOLYBDENIZED FERROUS SULFATE

—a specially processed, co-precipitated, stable complex of molybdenum oxide 3 mg. (1/20 gr.) and ferrous sulfate 195 mg. (3 gr.). Recommended adult dosage: 2 Tablets, t. i. d. Available in bottles of 100 and 1000 tablets and in a highly palatable Liquid, in bottles of 12 fluid ounces.

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS 1949-1950

President: Walter Stevenson, 510 Maine Street, Quincy
President Elect: Harry M. Hedge, 30 N. Michigan Ave., Chicago
1st Vice-President: M. M. Hoeltgen, 1607 West 51st Street, Chicago
2nd Vice President: H. A. Felts, Marion
Secretary-Treasurer: Harold M. Camp, Monmouth

THE COUNCIL

		Term Expires
1st District:	— L. J. Hughes, 165 E. Highland Ave., Elgin	1950
2nd District:	— Joseph T. O'Neill, 628 Columbus St., Ottawa	1950
3rd District:	— Oscar Hawkinson, 1011 Lake Street, Oak Park	1951
	F. Lee Stone, 30 N. Michigan Ave., Chicago	1950
	Arkell M. Vaughn, 30 N. Michigan Ave., Chicago	1951
	Wade C. Harker, 4458 W. Madison Street, Chicago	1950
	H. Prather Saunders, 40 E. Erie Street, Chicago	1952
	Walter C. Bornemeier, 7850 Caldwell Road, Chicago	1952
4th District:	— Charles P. Blair, Monmouth	1952
5th District:	— Ralph P. Peairs, Normal	1952
6th District:	— F. Garm Norbury, Norbury Sanatorium, Jacksonville	1951
7th District:	— Charles H. Hulick, Shelbyville	1952
8th District:	— Harlan English, 139 N. Vermilion St., Danville	1952
9th District:	— Charles O. Lane, West Frankfort	1951
10th District:	— G. C. Otrich, 7 North High Street, Belleville	1951
11th District:	— Edwin S. Hamilton, 258 East Court St., Kankakee	1950
COUNCILORS-AT-LARGE	— Robert S. Berghoff, 30 N. Michigan Ave., Chicago	1950
	Irving H. Neece, 250 N. Water Street, Decatur	1951
	Percy E. Hopkins, 800 West 78th Street, Chicago	1950

CHAIRMAN OF THE COUNCIL — Oscar Hawkinson, Oak Park

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
Theodore R. Van Dellen, Chicago.....Associate Editor
Mr. L. E. Malley, Chicago Managing Editor & Bus. Mgr.
Harry M. Hedge, Chicago.....Chairman, Journal Committee
Harry J. Stewart, Oak Park.....Secretary, Journal Committee
Business Office.....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Mr. John W. Neal.....33 South Clark St., Chicago 3, Ill.

MEDICAL SERVICE & PUBLIC RELATIONS

Percy E. Hopkins, Chairman.....800 W. 78th St., Chicago
Mr. John W. Neal, Exec. Sec., 30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun., 185 N. Wabash, Chicago

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
I. I. Moore, Secretary.....55 E. Washington St., Chicago
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian..721ElmwoodAve.,Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair Chairman.....Monmouth
Ford K. Hick.....25 E. Washington St., Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman.....30 N. Michigan Ave., Chicago
Louis Limarzi, Vice-Chm.....30 N. Michigan Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman.....30 N. Michigan Ave., Chicago
George A. Hellmuth, Vice Chairman.1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsiblity for opinions and statements publisbed in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

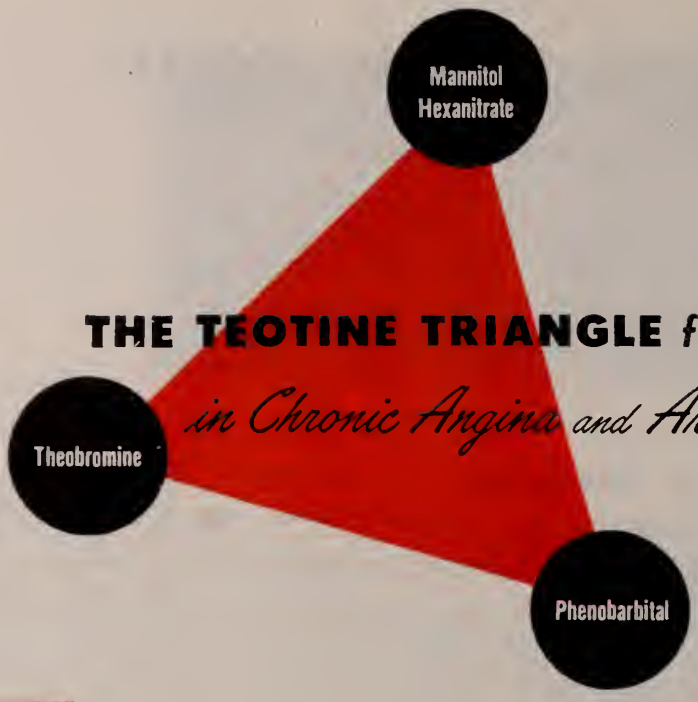
State Society will pay no bills for legal services except those contracted by the committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year to all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.



THE TEOTINE TRIANGLE *for long term use*

in Chronic Angina and Arterial Hypertension

Teotine gives the combined relief of: *mannitol hexanitrate*, vasodilator, causing 4- to 6-hour fall in blood pressure, and often relief from the pain of angina pectoris; *theobromine*, a complement to mannitol, affording prolonged vasodilation and diuretic action, with freedom from side effects and a tendency to decrease anginal attacks; *phenobarbital*, to ease typical tension states of hypertensive patients, and enhance effect of the other two drugs.

For continuous medication in chronic angina and arterial hypertension, clinical experience endorses Teotine.

Teotine-Dorsey

Each Teotine Tablet contains
Mannitol Hexanitrate . ¼ gr
Theobromine . 2½ gr
Phenobarbital . ⅛ gr
(Warning: May be habit forming)
Supplied in bottles of 100



THE SMITH-DORSEY COMPANY • Lincoln, Nebraska
BRANCHES AT LOS ANGELES AND DALLAS

MANUFACTURERS OF AL-SI-CAL POWDER • DORSEY
CAL-VATINE TABLET • DORSEY

SECTION AND COUNTY SOCIETY OFFICERS

Illinois State Medical Society

OFFICERS OF SECTIONS, 1949, 1950

SECTION ON MEDICINE:
Chairman: Edward Bigg, 8 S. Michigan Ave., Chicago
Secretary: R. F. Millet, Macomb

SECTION ON SURGERY:
Chairman: John L. Keeley, 30 N. Michigan Ave., Chicago
Secretary:

SECTION ON EYE EAR NOSE AND THROAT:
Chairman: Richard C. Gamble, 30 N. Michigan Ave., Chicago
Secretary: William A. McNichols, Dixon

SECTION ON PUBLIC HEALTH AND HYGIENE:
Chairman: John H. Hall, Jr., 737 S. Wilcott Ave., Chicago
Secretary: Dale E. Scholz, Court House Annex, Mt. Carmel

SECTION ON RADIOLOGY:
Chairman: Harold L. Shinall, St. Joseph's Hospital, Bloomington
Secretary: Theodore J. Wachowski, 310 Ellis Ave., Wheaton

SECTION ON PEDIATRICS:
Chairman: George L. Drennan, Jacksonville
Secretary: Anders Weigen, 1475 Farragut Ave., Chicago

SECTION ON OBSTETRICS AND GYNECOLOGY:
Chairman: John R. Wolff, 30 N. Michigan Ave., Chicago
Secretary: Worling R. Young, Geneseo

SECTION ON PATHOLOGY:
Chairman: Harry M. Steen, St. John's Hospital, Springfield
Secretary: Coye C. Mason, 551 Grant Place, Chicago

COUNTY SOCIETIES

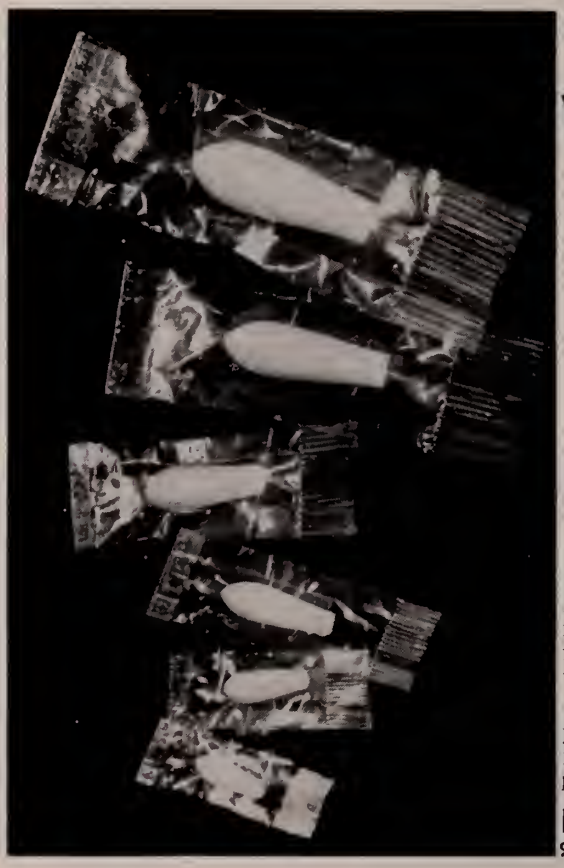
This list is corrected in accordance with the best information obtainable at the date of going to press. County Secretaries are requested to notify The Journal of any changes or errors.

County	President	Secretary
Adams	James Merritt, Quincy	Harold Woodsock, Quincy.
Alexander	Howard Stuckey, Cairo	Paul S. Baur, Cairo.
Bond	Wm. L. Hall, Greenville	Max Fraenkel, Greenville.
Boone	Earl S. Davis, Belvidere	David E. James, Belvidere.
Bureau	Charles J. Green, Spring Valley	R. E. Davies, Spring Valley.
Carroll	H. C. Pauley, Savanna	Ruth E. Church, Savanna.
Cass	T. G. Charles, Beardstown	B. A. Desulis, Beardstown.
Champaign	J. C. Dallenbach, Champaign	J. J. Westra, Champaign.
Christian	W. A. Monaghan, Taylorville	W. S. Miller, Assumption.
Clark	H. G. Johnson, Casey	G. T. Mitchell, Marshall.
Clay	Francis H. Ketterer, Breese	M. H. Parker, Louisville.
Clinton	M. A. Bateman, Carlyle	J. Q. Roane, Carlyle.
Coles-Cumberland	Walter R. Rhodes, Toledo	Lee Steward, Mattoon.
Cook	J. Roscoe Miller, Chicago	H. Kenneth Scatliff, Chicago.
Crawford	B. C. Teasley, Jr., Robinson	John W. Long, Robinson.
DeKalb	P. W. Carney, DeKalb	Grant Suttie, DeKalb.
DeWitt	Sidney A. Sinow, Clinton	William R. Marshall, Clinton.
Douglas	Edmund Kahan, Hindsboro	E. S. Allen, Arcola.
DuPage	T. R. Marquardt, Lombard	A. R. Rikli, Naperville.
Edgar	P. E. Fleener, Paris	Wilbur J. Menke, Paris.
Edwards	A. J. Boston, Albion	Andrew Krajec, West Salem.
Effingham	R. A. Adams, Altamon	G. C. Wood, Effingham.
Fayette	George A. Stanbery, Vandalia	E. A. Kuehn, Vandalia.
Ford	Roy L. Kenward, Melvin	Gene M. Noble, Paxton.
Franklin	Marion Turner, Christopher	James Donosky, Benton.
Fulton	J. K. Welch, Cuba	O. M. Wood, Ipava.
Gallatin	John E. Doyle, Ridgway	James A. Kirby, New Haven.
Greene	Paul A. Dailey, Carrollton	F. Earl Walker, Roadhouse.
Hancock	Jay D. Trotter, Carthage	Blair Kelly, Ferris.
Henderson	M. J. Babcock, Biggsville	Elmer T. Swann, Oquawka.
Henry	A. W. Wellstein, Geneseo	C. Paul White, Kewanee.
Iroquois	Cliff L. Clark, Sheldon	Myrtle F. Sweimler, Watseka.
Jackson	Ellis Crandle, Carbondale	Edward K. Ellis, Murphysboro.
Jasper	Kent Wattleworth, Newton	C. O. Absher, Newton.
Jefferson-Hamilton	A. C. Tobey, McLeansboro	Harry Thompson, Mt. Vernon.
Jersey	Robert G. Mindrup, Jerseyville	W. Clark Doak, Jerseyville.
Jo Daviess	J. E. Gustafson, Stockton	R. E. Logan, Galena.
Johnson	Wm. Thompson, Cypress	E. A. Veach, Vienna.
Kane	Arthur L. Morley, Batavia	A. G. Zmugg, Aurora.
Kankakee	Paul H. Anthony, Kankakee	A. L. Nickerson, Kankakee.
Knox	John L. Bohan, Galesburg	Alexander M. Duff Jr., Galesburg.
Lake	M. T. Brown, Zion	John L. Ward, Lake Bluff.
LaSalle	Michael Gleason, Mendota	Martin J. Rosenthal, LaSalle.
Lawrence	Frank Arnold, Lawrenceville	Robert G. Kirkwood, Lawrenceville.
Lee	T. J. Caldarola, Franklin Grove	J. M. Lund, Dixon.
Livingston	A. J. McGee, Dwight	J. H. Langstaff, Jr., Fairbury.
Logan	D. M. Barringer, Lincoln	Robert Brown Perry, Lincoln.
McDonough	V. B. Adams, Macomb	R. Clarke Benkendorf, Bushnell.
McHenry	C. E. Wittenberg, Woodstock	B. B. Neuchiller, Woodstock.
McLean	Ray Doud, Normal	W. H. Atkinson, Bloomington.
Macon	Vernon M. Long, Decatur	Maurice D. Murfin, Decatur.
Macoupin	Frederick E. Anspaugh, Virden	Joseph J. Grandone, Gillespie.

(Continued on page 10)

(County Officers Continued)

County	President	Secretary
Madison	F. E. Wilson, Highland	E. F. Moore, Collinsville.
Marion	Maurice Horsman, Salem	Max Hirschfelder, Centralia.
Mason	H. O. Rogier, Mason City	J. W. McHarry, Havana.
Massac	Virgil O. Decker, Metropolis	G. F. Cummins, Metropolis.
Menard	B. D. Epling, Petersburg	H. P. Moulton, Petersburg.
Mercer	James W. Hastings, Aledo	W. A. Miller, Aledo.
Monroe	Roy G. Empson, Valmeyer	J. A. Werth, Waterloo.
Montgomery	Harry Yaeger, Litchfield	L. George Allen, Litchfield.
Morgan	George L. Drennan, Jacksonville	Mary Louise Newman, Jacksonville
Moultrie	Eugene Boros, Bethany	Phillip H. Best, Sullivan.
Ogle	A. R. Bogue, Rochelle	L. Warmolts, Rochelle.
Peoria	J. W. Sours, Peoria	Carl F. Neuhoff, Peoria.
Perry	J. S. Templeton, Pinckneyville	Richard Matlavish, DuQuoin.
Piatt	Stephen Kratz, Monticello	J. F. Allman, Monticello.
Pike	James E. Goodman, Jr., Pleasant Hill	W. Robert Malony, Pittsfield.
Pope		L. S. Barger, Golconda.
Pulaski	Homer J. Elkins, Mounds	Otis T. Hudson, Mounds.
Randolph	E. R. May, Chester	W. W. Fullerton, Steelville.
Richard	D. S. DiCiro, Olney	Richard Birnbaum, Olney.
Rock Island	Norbert C. Barwasser, Moline	Joseph G. Gustafson, Moline.
St. Clair	Herman J. Nebel, E. St. Louis	Owen J. Eisele, E. St. Louis.
Saline	A. J. Butner, Harrisburg	Carl J. Hauptman, Harrisburg.
Sangamon	O. E. Ehrhardt, Springfield	Wm. De Hollander, Springfield.
Schuyler	H. O. Munson, Rushville	C. K. Carey, Rushville.
Shelby	O. G. Kauder, Findlay	R. G. Mathewson, Shelbyville.
Stephenson	L. F. Rockey, Freeport	John S. Clark, Jr., Freeport.
Tazewell	Harold D. Feldman, Pekin	Kenneth M. Calhoun, Tremont.
Union	John A. Merideth, Cobden	E. V. Hale, Anna.
Vermilion	Holland Williamson, Danville	E. T. Baumgart, Danville.
Wabash	J. J. McIntosh, Mt. Carmel	H. A. Elkins, Mt. Carmel.
Warren	Russell Jensen, Monmouth	Jos. C. Sherrick, Monmouth.
Washington	P. B. Rabenneck, Nashville	Roseoe C. Vernor, Nashville.
Wayne	D. A. Gershenson, Fairfield	G. R. Hill, Fairfield.
White	J. G. Harrell, Carmi	R. S. Loewenherz, Carmi.
Whiteside	L. C. Johnson, Tamico	G. J. Pohly, Rock Falls.
Will-Grundy	D. W. Killinger, Joliet	Philip C. McGinnis, Joliet.
Williamson	J. W. Tidwell, Herrin	M. M. May, Marion.
Winnebago	William K. Ford, Rockford	W. H. Palmer, Rockford.
Woodford	Melvin I. Glick, Eureka	Robert Lykkebak, El Paso.



NEW

BETTER

- Prompt hemorrhoidal relief
- Effective decongestant action
- Rapidly emulsifying base
- No melting—no oily leakage
- Keeps at room temperature

NUMOROIDAL **suppositories**

Formula:
Ephedrine hydrochloride.....0.22%
Benzocaine.....5.00%
in a special emulsifying base.
Average weight of 1 suppository—1.8 Gm.
Numoroidal Suppositories are supplied in boxes of 12, individually packaged in moisture-proof cellophane.

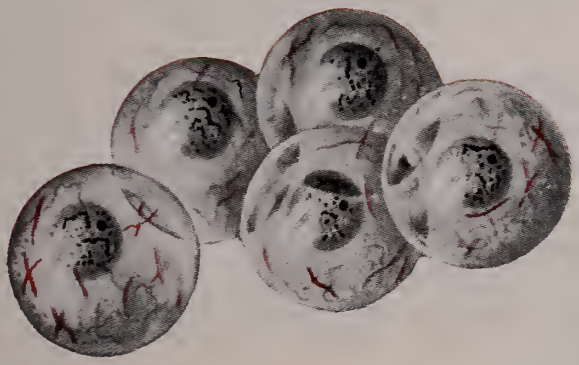
NUMOTIZINE, INC.
900 N. Franklin Street • Chicago 10, Illinois



Contact

OF A SENSITIZED BODY CELL

with an allergen and subsequent release of histamine is considered to be the mechanism of allergic disorders.



Relief

WITH BENADRYL

BENADRYL, blocking the action of histamine, prevents reaction in cells that have been sensitized. Relief of symptoms is gratifyingly rapid, usually occurring within an hour or two after the first dose. And treatment with BENADRYL is simple, convenient, and inexpensive.

BENADRYL®

BENADRYL has been found highly effective in a wide variety of allergic states, ranging from seasonal, such as hay fever, to the non-seasonal, such as acute and chronic urticaria, angioneurotic edema, vasomotor rhinitis, contact dermatitis, erythema multiforme, pruritic dermatoses, dermographism, serum sickness, food allergy, and sensitization to drugs, such as penicillin and the sulfonamides.

BENADRYL hydrochloride (diphenhydramine hydrochloride, Parke-Davis) is available in a variety of forms to facilitate individualized dosage and flexibility of administration, including Kapseals®, Capsules and a palatable Elixir.

The usual dosage of BENADRYL is 25 to 50 mg. repeated as required. Children up to 12 years of age may be given 1 to 2 teaspoonsful of Elixir Benadryl.

PARKE, DAVIS & COMPANY • DETROIT 32, MICHIGAN

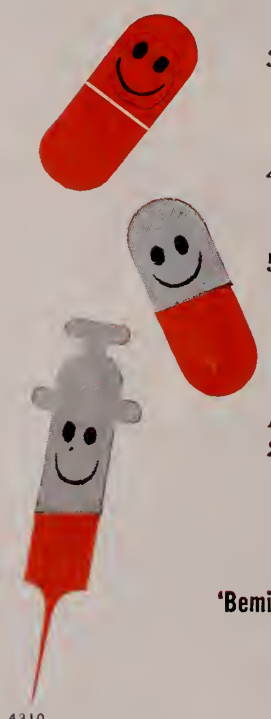
MEDICAMENTA VERA

6 Beminal®

For versatile "B" therapy

The **'Beminal'** family provides a choice of five distinctive forms and potencies for the effective treatment of vitamin **'B'** deficiencies. Each is designed to fill a particular need.

1. **'Beminal'** fortified with Iron, Liver and Folic Acid Capsule No. 821 is suggested for the treatment of iron deficiency anemias, certain macrocytic onemios and os adjunctive therapy in pernicious anemia.
2. **'Beminal'** with Iron ond Liver Capsule No. 816 is recommended for the treatment of the vorious types of iron deficiency, occurring either as frank hypochromic microcytic anemia or os the less pronounced onemia of nutritional origin.
3. **'Beminal'** Forte with Vitamin C Capsule No. 817 is suggested when there is severe depletion of the patient's nutritional stores due to either prolonged dietary inodequocy or nutritive failure as a result of organic disease.
4. **'Beminal'** Forte Injectable (Dried) No. 495 provides, when reconstituted, a high concentration of important vitamin B factors for intensive therapy.
5. **'Beminal'** Tablets No. 815 may be of value if the vitomin B complex deficiency is mild or subclinical.



Ayerst, McKenna & Harrison *Limited*
22 East 40th Street, New York 16, N. Y.



'Beminal' *for* **'B'** *therapy*





4910

Announcing the new S.K.F. Inhaler!

BENZEDREX INHALER

So much better that

we have discontinued 'Benzedrine' Inhaler

'BENZEDREX' INHALER is such a major improvement that we are actually withdrawing 'Benzedrine' Inhaler from the market.

The active ingredient of BENZEDREX INHALER is 1-cyclohexyl-2-methylaminopropane, a new S.K.F. compound. It has exactly the same agreeable odor as Benzedrine*, gives even more effective and prolonged shrinkage, and does NOT produce excitation or wakefulness.

We are sure you will find that BENZEDREX INHALER is the best volatile vasoconstrictor you have ever used.

Smith, Kline & French Laboratories, Philadelphia



*'Benzedrine' (racemic amphetamine, S.K.F.) and 'Benzedrex' T.M. Reg. U.S. Pat. Off.

Each BENZEDREX INHALER is packed with 1-cyclohexyl-2-methylaminopropane, S.K.F., 250 mg.; and aromatics.



A good night's rest
A good day's work

Allergic patients get <u>both</u>, with just 4 small doses

Comfort 'round-the-clock for your allergy patients . . . Decapryn provides long-lasting relief with low milligram dosage.

"Symptoms were relieved from 4 to 24 hours after the administration of a single dose of Decapryn—"[1]

"It was found that 12.5 mg. could be given during the day with comparatively few side reactions and yet maintain good clinical results—"[2]

prescribe

Decapryn® SUCCINATE

Brand of Doxylamine Succinate

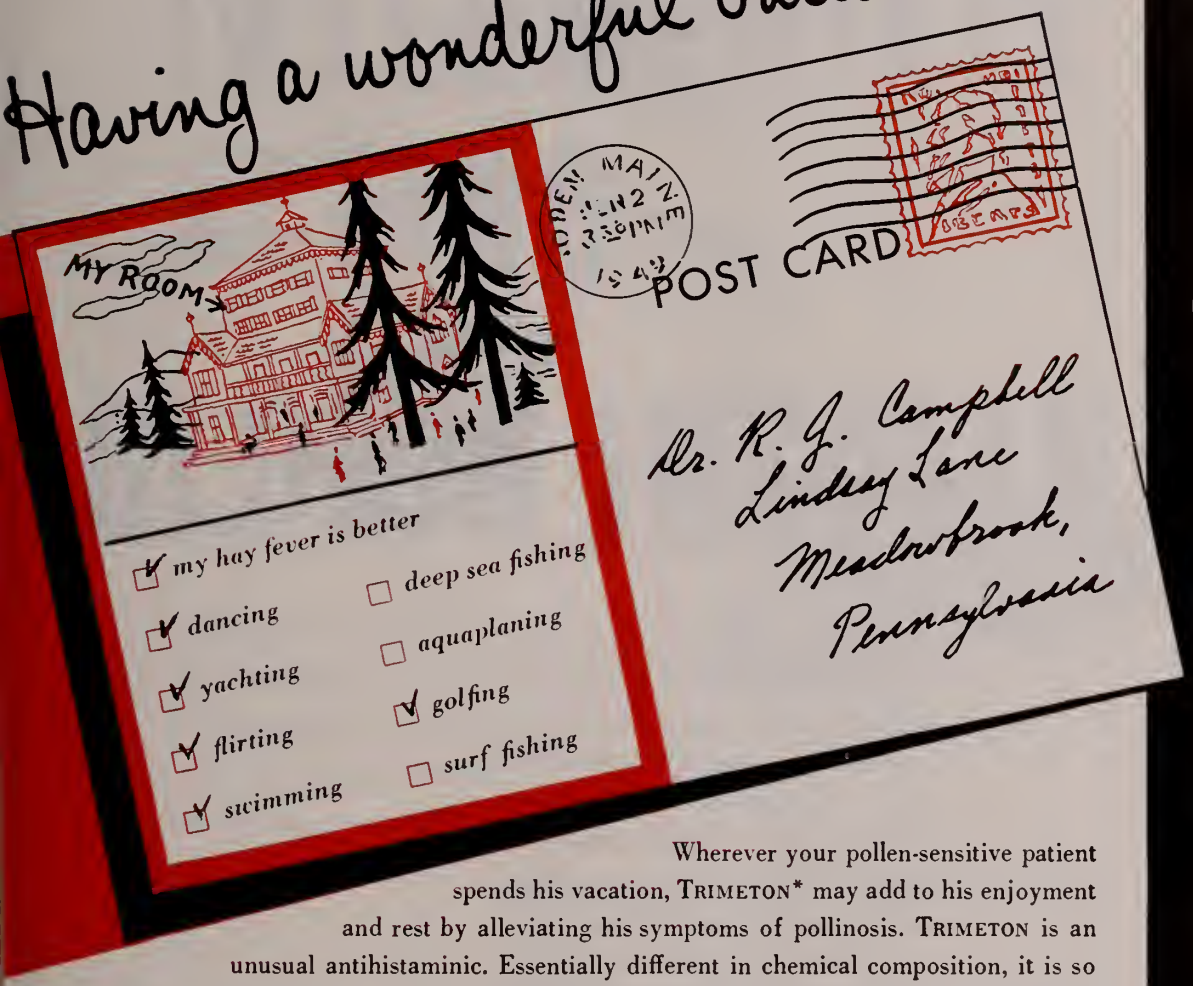
THE LONG-LASTING LOW-DOSAGE ANTIHISTAMINE

12.5 mg. tablets, P. R. N. Also available in pleasant tasting syrup especially designed for children. (6.25 mg. per 5 cc) and 25 mg. tablets.

Merrell
1828
CINCINNATI • U. S. A.

1. Sheldon, J. M. et al: Univ. Mich. Hosp. Bull. 14:13-15 (1943). 2. MacQuiddy, E. L.: Neb. State M. J. 34:123 (1949).

Having a wonderful vacation



Wherever your pollen-sensitive patient spends his vacation, TRIMETON* may add to his enjoyment and rest by alleviating his symptoms of pollinosis. TRIMETON is an unusual antihistaminic. Essentially different in chemical composition, it is so potent that only one 25 milligram tablet is usually required to attain the desired relief in fifteen to thirty minutes. Best of all, your patient isn't likely to sleep away his vacation because the small milligram dosage lessens side effects. Your patient will also appreciate that the high potency of TRIMETON also means lower cost of therapy.

Trimeton

Dosage: One 25 mg. tablet one to three times daily.

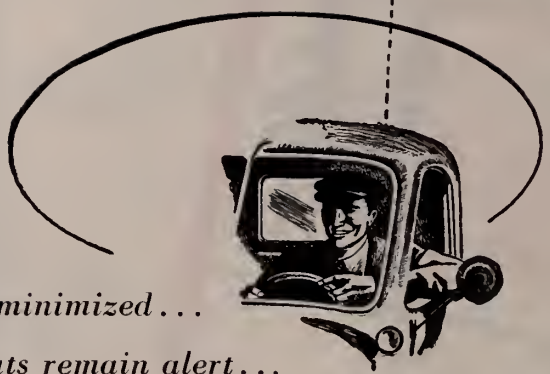
TRIMETON, brand of prophenpyridamine, 25 mg. tablets, scored, are available in bottles of 100 and 1000.

*TRIMETON trade-mark of Schering Corporation

Schering CORPORATION • BLOOMFIELD, NEW JERSEY
IN CANADA, SCHERING CORPORATION LIMITED, MONTREAL

TRIMETON

SCHERING



drowsiness *minimized . . .*

allergic patients remain alert . . .

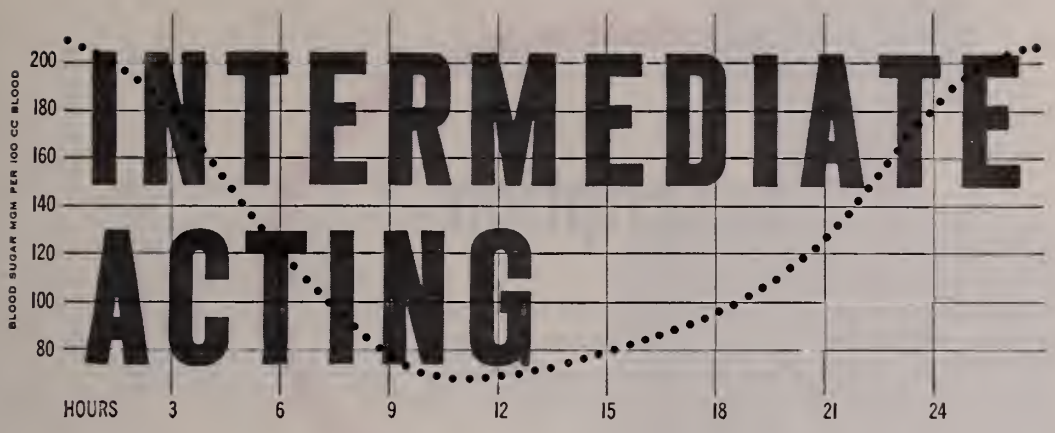
Clinical reports describing the use of Thephorin in 2564 patients with hay fever and other allergies indicate an incidence of drowsiness of only 2.92%. In contrast with other antihistamines, Thephorin can therefore be given to motorists and other patients who have to remain alert. Highly effective and well tolerated in most cases, Thephorin is available in 25-mg tablets and as a palatable syrup which permits convenient adjustment of dosage.

HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Thephorin®

brand of phenindamine

'Roche'



INTERMEDIATE ACTING

GLOBIN INSULIN

'B.W.& CO.'

...was developed to fill the "need for an insulin with activity intermediate between that of regular insulin and that of protamine zinc insulin."[1]

IN 1939, Reiner, Searle and Lang described a new "intermediate acting" insulin.

IN 1943, after successful clinical testing, the new substance was released to the profession as 'Wellcome' brand Globin Insulin with Zinc 'B.W. & Co.'

TODAY, according to Rohr and Colwell, "Fully 80% of all severe diabetics can be balanced satisfactorily"[2] with Globin Insulin 'B.W. & Co.'—or with a 2:1 mixture of regular insulin: protamine zinc insulin. *Ready-to-use* Globin Insulin 'B.W. & Co.' provides the desired intermediate action without preliminary mixing in vial or syringe.

In 10 cc. vials, U-40 and U-80.



'B.W.& CO.'—a mark to remember

1. Rohr, J.H., and Colwell, A.R.: Arch. Int. Med. 82:54, 1948.
2. ibid Proc. Am. Diabetes Assn. 8:37, 1948.

BURROUGHS WELLCOME & CO. (U.S.A.) INC. Tuckahoe 7, New York

description

A smooth, uniform, antipruritic ointment, composed of cooling, soothing **Calamine**, 8%, analgesic **Benzocaine**, 3%, and antiseptic **Hexylated Metacresol**, 0.05%, in a fragrant, water-washable, greaseless base. Supplied in 1½-oz. and 4-oz. tubes.

indications

Symptomatic relief of sunburn, itching dermatitis due to poison ivy, poison oak, or other allergens, diaper rash, pruritus, hives, insect bites and other minor skin irritations.

action

Caligesic ointment is analgesic, astringent, and protective, cooling and soothing. Promptly suppresses itching, helps control vesiculation and exfoliation.

Sharp & Dohme, Philadelphia 1, Pa.

SHARP & DOHME

caligesic®

Analgesic Calamine Ointment (Greaseless)





The fluid sulfadiazine that

tastes better!

acts faster!

Children—and adults who balk at bulky sulfadiazine tablets—take ESKADIAZINE willingly because of its delicious taste and pleasant consistency.

Instead of ordinary sulfadiazine, ESKADIAZINE contains S.K.F.'s *microcrystalline* sulfadiazine in a stabilized suspension. Result: desired serum levels may be attained *3 to 5 times more rapidly* with ESKADIAZINE than with sulfadiazine in tablet form. Each 5 cc. (one teaspoonful) contains 0.5 Gm. (7.7 gr.) of sulfadiazine—the dosage equivalent of the standard sulfadiazine tablet.

Smith, Kline & French Laboratories, Philadelphia

Eskadiazine

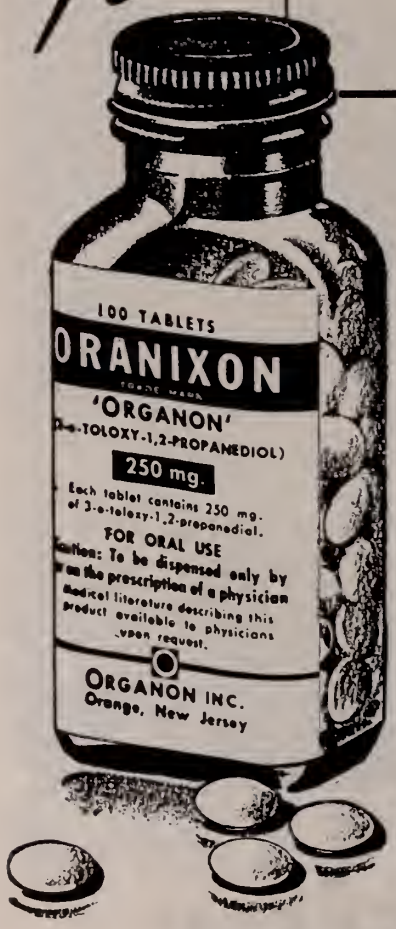
the outstandingly palatable fluid sulfadiazine

To Relax Spasm and Rigidity

In Neuromuscular Disorders

ORGANON PRESENTS

New ORANIXON



You may provide extraordinary relief for many of your patients suffering from hemiplegia, Parkinsonism, low back pain and other neuromuscular disturbances by prescribing Oranixon. Try Oranixon for some of your patients whose outlook appears hopeless—patients whose mentality and motor functions are "imprisoned" by their reflexes. You'll find that Oranixon has the unusual action of quieting overactive reflex motor centers—especially those of the midbrain—without interfering with voluntary actions or normal reflexes. Oranixon literature with dosage schedule is available to physicians upon request.

Oranixon tablets, each containing 250 mg of 3-ortho-tolaxy-1,2-propanedial, are available in bottles of 1000, 500, and 100. Oranixon Elixir, containing 400 mg per teaspoonful, is available in bottles of 1 pint and 8 ounces.

Trade Mark—ORANIXON

ORGANON INC.

ORANGE, NEW JERSEY



Building stones

Tissue repair is the keystone of the recovery process. It makes little difference if the infection is halted, the fracture reduced, or the metabolic imbalance adjusted—it is the patient's own cells that must complete the cure.

While true hypoproteinemia is comparatively rare, nevertheless hypernutrition with essential amino acids during the recovery process has been shown empirically to speed the patient upon the road to normal health. Amino acid preparations should be supplemented by moderate amounts of vitamins.

Lederle research has for some time been concerned with such mixtures of amino acids and vitamins and their application in the field of nutrition.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY
30 ROCKEFELLER PLAZA • NEW YORK 20, N. Y.



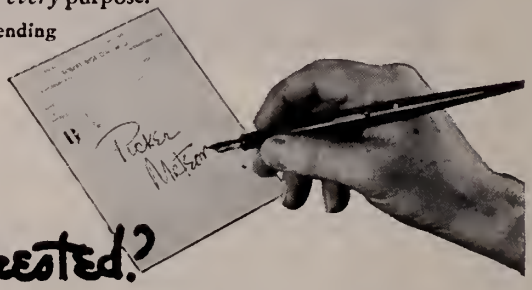
fits my x-ray needs to a "T" — and my budget, too! it's a Picker "Meteor"

"I want to be able to screen a chest or an extremity whenever it seems indicated. I want to be able to radiograph a chest as part of every physical examination I make — especially of new patients. I want to be able to fluoroscope and radiograph suspected fractures in the occasional emergency cases that come to my office.

I can do all that and more, *quickly* and *easily* with the Picker 'Meteor.*' Its 15 MA capacity is ample for my needs. I've had no trouble finding room for it, because it doubles as an examination table. It's a *quality* unit, made by Picker X-Ray . . . they're the people who built the Army Field X-Ray Unit we both worked with during the war. And it certainly is easy on my budget . . . cost far less than I thought I'd have to lay out for such fine equipment."

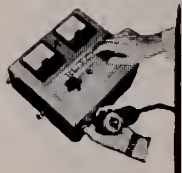
Maybe your situation parallels Dr. Jones' . . . or maybe it's altogether different. In any case, you can depend on the local Picker representative for unbiased advice, because the Picker line is a full line, embracing apparatus in *every* range, for *every* purpose.

*patents pending



interested? just do this jot Picker "Meteor" on a prescription blank, and send it to us for details. Or, if you prefer, call in your local Picker representative for the story.

PICKER X-RAY CORP.
300 Fourth Ave., New York 10, N. Y.



it's simple, sure, easy to operate



you change easily from radiography to fluoroscopy (or vice versa)



vertical or horizontal (full length of head and torso)

it's low-priced at $1495

and above all, it's

Picker x-ray

PICKER IN ILLINOIS IS AT 223 W. JACKSON BLVD., CHICAGO 6, (WAbash 2-7475)

By keeping the incompatibles apart,



YOU CONTROL THE STABILITY

New convenience and flexibility in B complex parenteral therapy. Bejectal contains all five major vitamin B complex factors in a sterile solution. Chart shows how you can control stability for complete or partial use as needed. Bejectal is supplied in 10-cc. combination packages through prescription pharmacies.

ABBOTT LABORATORIES · NORTH CHICAGO, ILLINOIS

SPECIFY

Bejectal®

Abbott's Injectable B Complex Vitamins

AT ROOM TEMPERATURE

STABLE—Indefinitely



UNOPENED

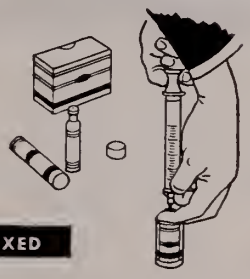
Bejectal remains stable indefinitely. When mixed the solution contains:

	Per Vial (10 cc.)
Thiamine Hydrochloride	100 mg.
Riboflavin	20 mg.
Nicotinamide	750 mg.
Pyridoxine Hydrochloride	50 mg.
Calcium Pantothenate	50 mg.

In Water for Injection U.S.P.

Benzyl Alcohol, 0.9%, is added as a preservative since the mixed solution is for multiple doses.

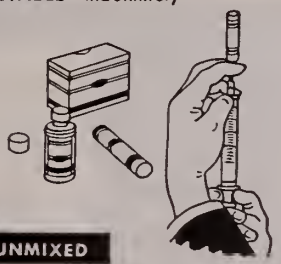
STABLE—Up to two months



MIXED

This is the best way to prepare Bejectal when you expect to use the entire 10 cc. within 2 months. Simply withdraw 4 cc. of the contents from the small vial with a sterile syringe and transfer to the large vial. Shake and Bejectal is ready for instant use.

STABLE—Indefinitely



UNMIXED

When you expect 10 cc. to last longer than 2 months, this is the best way to use Bejectal. For example, whenever you want to inject a 1 cc. dose, simply withdraw 0.4 cc. from the small vial and 0.6 cc. from the large vial. Unused portion remains stable until needed.



too little and too late . . .

As physicians know, the liver damage associated with alcoholism is usually caused by deficiencies of protein and B-vitamins. (The heavy drinker eats too little and too late.) To correct these deficiencies, clinical evidence proves that a high protein diet is indicated—a diet supplemented by **MEOVITE.***

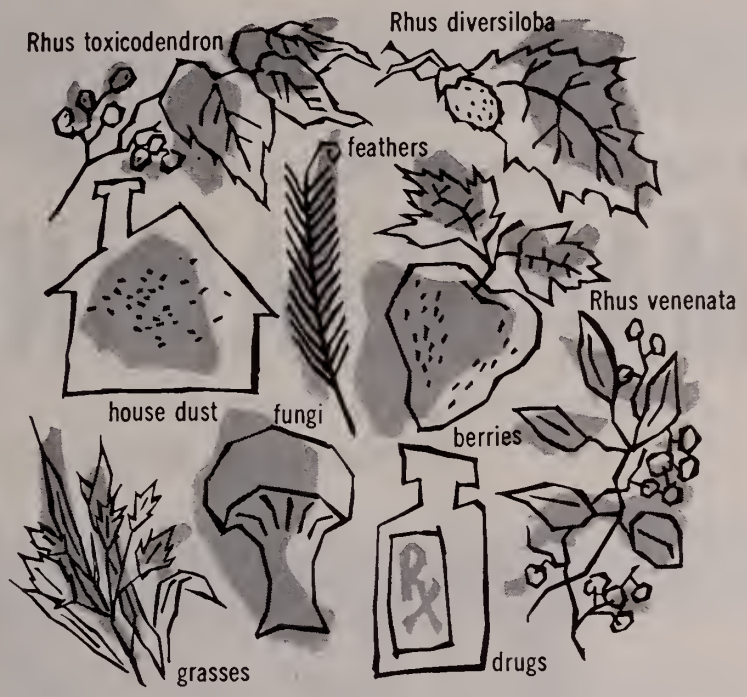
Each capsule contains 250 mg. dl-methionine, 5 mg. thiamine hydrochloride, 2.5 mg. riboflavin, 25 mg. niacinamide.

Recommended dose—4 Meovite capsules daily.

*Trade Mark.

Wyeth®

WYETH INCORPORATED, Philadelphia 3, Pa.



ANTIHISTAMINE THERAPY DEVOID OF DISTRESSING BY-EFFECTS

DIATRIN* A SUPERIOR ANTIHISTAMINIC

HYDROCHLORIDE 'WARNER'

Allergic manifestations are year-round occurrences, although certain allergic disorders are seasonal in their incidence. Changes in diet, readjustments from indoor to outdoor life and spring house cleaning with its attendant raising of house dusts are irritating factors of no inconsiderable importance. The arrival of summer brings the rose and grass pollens and the early autumn months are accompanied by heavy weed pollens.

In any allergic disorder in which antihistamine therapy is elected Diatrin* Hydrochloride will be found prompt, effective, and safe in action.

Diatrin Hydrochloride 'Warner' sugar-coated tablets, 50 mg. each, are available in bottles of 100 and 1000.*

*T. M. Reg U. S. Pat. Off.

WILLIAM R. WARNER & CO., INC.
NEW YORK ST. LOUIS

ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION

Now Council-Accepted

MANDELAMINE

REG U. S. PAT. OFF.

BRAND OF METHENAMINE MANDELATE

Urinary Antiseptic

6 OUTSTANDING FEATURES

1. Has wide antibacterial range
2. No supplementary acidification required (except where urea-splitting organisms occur)
3. Little likelihood of drug-fastness
4. Is exceptionally well tolerated
5. Requires no dietary or fluid regulation
6. Simplicity of regimen — 3 or 4 tablets t.i.d.

SUPPLIED:

Enteric-coated tablets of 0.25 Gm. (3¾ grains) each, bottles of 120, 500, and 1,000.

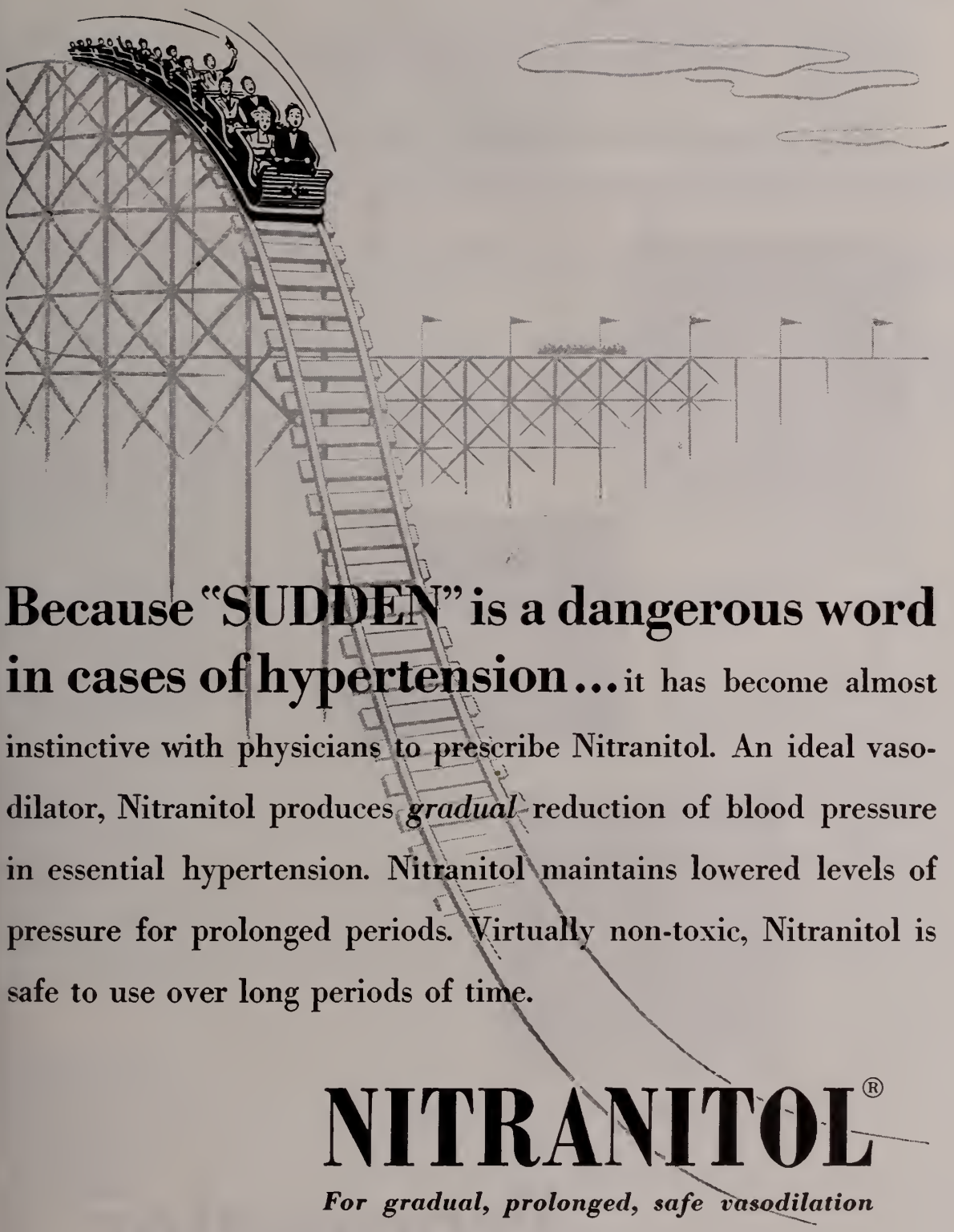


NEPERA

NEPERA CHEMICAL CO., INC.

Manufacturing Chemists

NEPERA PARK • YONKERS 2, N. Y.



Because "SUDDEN" is a dangerous word in cases of hypertension... it has become almost instinctive with physicians to prescribe Nitranitol. An ideal vasodilator, Nitranitol produces *gradual* reduction of blood pressure in essential hypertension. Nitranitol maintains lowered levels of pressure for prolonged periods. Virtually non-toxic, Nitranitol is safe to use over long periods of time.

NITRANITOL®

For gradual, prolonged, safe vasodilation

Merrell
1828
CINCINNATI • U. S. A.

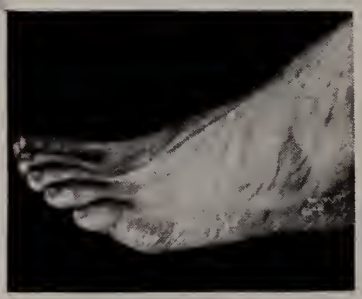
When sedation is desired. *Nitranitol with Phenobarbital.* (¼ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)

For extra protection against hazards of capillary fragility. *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)

highly effective in an unusually wide range of common skin disorders



Pragmatar is particularly useful in seborrheic dermatitis, and in the general care and hygiene of the seborrheic scalp.



Pragmatar often brings dramatic improvement in the common fungous infections—even in "athlete's foot."



Pragmatar is extremely valuable in eczematous eruptions, especially those in which a seborrheic factor is involved.

Smith, Kline & French Laboratories, Philadelphia

Pragmatar

the outstanding tar-sulfur-salicylic acid ointment

announcing another Robins' achievement

NEW TRIPLE-ENZYME DIGESTANT

with unique Peptomatic* Action!

Gastrically soluble outer shell contains pepsin; enterically coated core cantains pancreatin and bile salts.



By the development of an entirely new type of coated tablet, consist of a gastrically soluble outer shell containing pepsin, and enterically coated core containing pancreatin and bile salts—Robins (with th new product Entozyme) now makes it possible to release these th important digestants *in fully active form* to that part of gastrointestinal tract where pH conditions for optimum activity prev Clinical research[1] indicates that Entozyme's greatest field of usefulness is in chro cholecystitis, post-cholecystectomy syndrome, subtotal gastrectomy, infecti hepatitis, pancreatitis and chronic dyspepsia—where its unique selective therapy resto more nearly physiological conditions in the gastrointestinal tract. It is also hig effective in nausea, anorexia, belching, flatulence and pyrosis. In peptic ul patients, too, pancreatin-pepsin therapy has produced excellent resul



Each specially canstructed tablet cantains Pancreatin, U.S.P., 300 Pepsin, N.F., 250 mg.; Bile Salts, 150 mg.

1 or 2 tablets after each meal, or as directed by physician, without crushing or chewing.

Bottles of 25 and 100.

1. McGavock, T. H. and Klotz, S. D.: Bull. Flower Fifth Ave. Hosp., 9:61,
2. Weissberg, J., McGavock, T. H. and Boyd, Linn J.: Am. J. Digest. Dis., 15:332,

A coined word to describe the unique mechanical action of Entozyme Tablet—whereby pep released only in the stomach, and pancreatin and bile salts only in the small inte

A. H. ROBINS COMPANY, INC. · RICHMOND 20, VIRGI

Ethical Pharmaceuticals of Merit since 1

ENTOZYME

Robins



ANEMIA IS LIKE A FOREST FIRE

IT ISN'T ALONE THE LOSS OF TIMBER BUT THE AFTER-EFFECTS THAT HURT. ¶ SO WITH HYPOCHROMIC STATES OR HEMATOPOIESIS — WHILE FERROUS SULFATE CAN RESTORE THE HEMOGLOBIN LEVEL, THE VITAMIN DEFICIENCIES, ACHLORHYDRIA AND ANOREXIA REMAIN UNLESS TREATED WITH A BALANCED PREPARATION.

Watch out for those secondary effects in the secondary anemias

HEPTUNA with folic acid

meets all these needs in a single capsule. Study the formula. Clinical observation shows HEPTUNA with Folic Acid brings a rapid hemoglobin regeneration, change in the hematopoietic picture and relief of secondary effects with a minimum of digestive reactions.

ALL IN ONE CAPSULE

Folic Acid	*1.7 mg.*
Ferrous Sulfate U.S.P.	*4.5 Grains*
Vitamin A (Fish-Liver Oil)	*5,000 U.S.P. Units*
Vitamin D (Tuna-Liver Oil)	*500 U.S.P. Units*
Vitamin B_1 (Thiamine Hydrochloride)	*2 mg.*
Vitamin B_2 (Riboflavin)	*2 mg.*
Vitamin B_6 (Pyridoxine Hydrochloride)	*0.1 mg.*
Calcium Pantothenate	*0.333 mg.*
Niacinamide	*10 mg.*

Together with other B-complex factors from liver and yeast

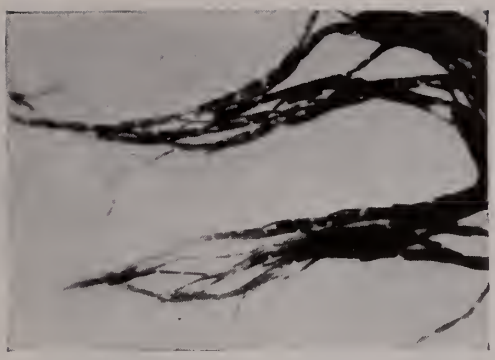
ONE OF THE ROERIG BALANCED FORMULAE

Originators of HEPTUNA • DARTHRONOL • OBRON

J. B. ROERIG AND COMPANY

536 LAKE SHORE DRIVE • CHICAGO 11, ILLINOIS

SAFE, EFFECTIVE ANTIBIOTIC THERAPY IN MOUTH AND THROAT



Bacillus Brevis. From a culture of this soil organism tyrothricin is extracted, purified and dried.

LOZILLES®

(Lah-zeels)

TYROTHRICIN-PROPESIN LOZENGES

Potent Antibiotic Action:

The organisms most commonly responsible for acute oropharyngeal infections are extremely susceptible to the high salivary concentration of tyrothricin supplied by Lozilles.

Non-toxic:

Tyrothricin is remarkable for its *lack of local toxicity* and no systemic side-effects result from its ingestion.

Non-sensitizing:

The local use of tyrothricin, in contrast to topical penicillin, is remarkably free from sensitivity reactions.

Prompt, Long-lasting Analgesia:

Propesin, a non-toxic, non-irritating local analgesic agent brings effective and *prolonged* relief to irritated or inflamed mucosal surfaces.

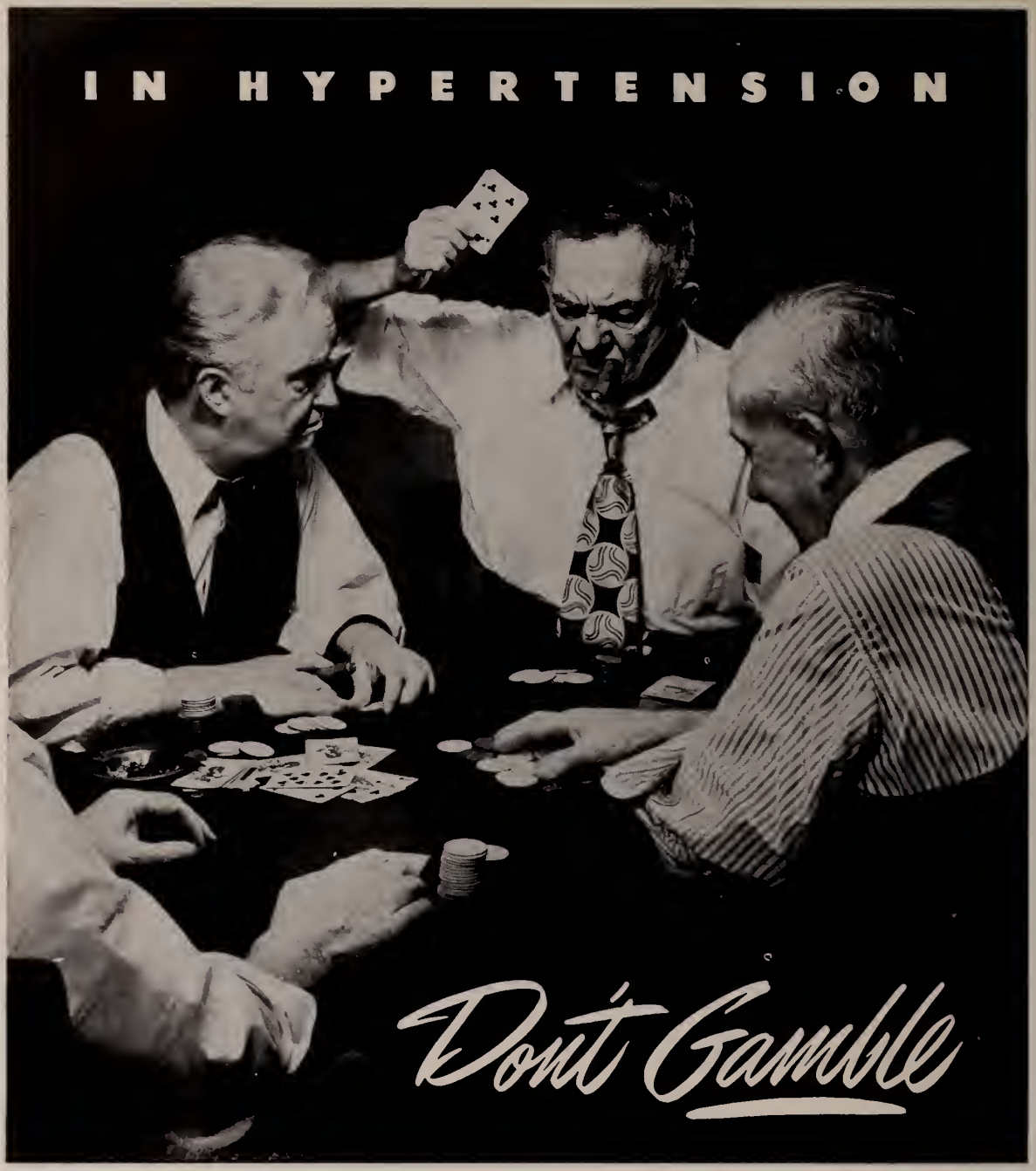
Palatable:

Pleasant-tasting, Lozilles' mild citrus flavor assures patient cooperation at all ages.

Each Lozille contains 2 *mg.* of tyrothricin and 2 mg. of propesin. Supplied in vials of 15 Lozilles.

WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

IN HYPERTENSION



In the management of arterial hypertension cultivation of sensible habits of living —avoiding unnecessary emotional stress— plays an essential role and aids considerably in the stabilization of pressure on a lower level.

For supplementary medication Theominal, the vasodilator, antispasmodic and sedative, is well suited. Theominal exerts a general tranquilizing effect and thus helps to control temperamental outbursts that may induce dangerous vascular crises.

The average dose is 1 Theominal tablet two or three times daily. With improvement the dose may be reduced or omitted periodically. Each tablet contains 5 grains theobromine and ½ grain Luminal.®
Winthrop-Stearns Inc.
New York 13, N. Y.
Windsor, Ont.



THEOMINAL® *for Arterial Hypertension*

Theominal, trademark reg. U. S. & Canada • Luminal, trademark reg. U. S. & Canada, brand of phenobarbital





Sleep That Makes the Darkness Brief

Physicians are well aware of the importance of a good night's rest. When tired limbs and overbusy minds cause restlessness and insomnia, a bedtime dose of 'Seconal Sodium' (Sodium Propyl-methyl-carbinyl Allyl Barbiturate, Lilly) is indicated.

'Seconal Sodium' exerts its hypnotic effect quickly, inviting forgetfulness and sleep. Because of its brief duration of action, the patient awakes refreshed, well rested. Specify 'Seconal Sodium' on orders and prescriptions. Druggists have it in ¾-grain and 1½-grain pulvules, in ampoules, and in suppositories.

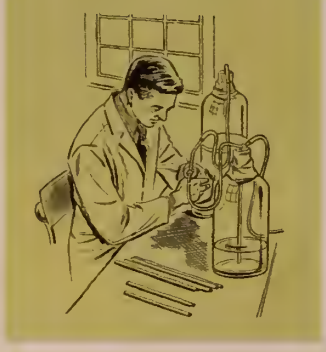


Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.









AN ORTHOPEDIST COUNTS HIS ALLIES

Co-operative teamwork is part and parcel of the American way. In order to diagnose correctly obscure bone and joint disorders, the orthopedic surgeon needs the roentgenologist and often the pathologist and the bacteriologist. The combined knowledge and experience of all these specialists result in better service for the patient.

Co-operative effort is also the rule at the Lilly Research Laboratories. Scores of qualified workers, representing all of the allied medical sciences, pool their skills to assist in the solution of medical problems. Their findings, in turn, are made available to physicians in the form of improved techniques and better pharmaceutical and biological products. Their aim is to contribute to the welfare of the patient by placing safer, more effective medicinal agents in the physician's competent hands.

Lilly

LILLY SPECIALISTS SERVE THE MEDICAL PROFESSION

The ILLINOIS Medical Journal

Official Journal of the Illinois State Medical Society

Harold M. Camp, EDITOR. Theodore R. Van Dellen, ASSOCIATE EDITOR.

EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry Culver, Walter Stevenson, Raymond W. McNealy, Arkell M. Vaughn.

Vol. 96, No. 2 August, 1949

1950 ANNUAL MEETING TO BE HELD IN SPRINGFIELD

The Council of the Illinois State Medical Society was given the responsibility by the House of Delegates to select the place and time for the 1950 Annual Meeting. It was strongly urged by the House of Delegates, that a meeting outside of Chicago be arranged if suitable accommodations could be found. Following a critical survey made by members of the Secretary's staff and Dr. Coye C. Mason, Director of Scientific Exhibits, it was found that the city of Springfield can now provide adequate facilities for a successful meeting.

The Council has voted unanimously to hold the 1950 meeting in Springfield on May 23, 24, 25, which will be Tuesday, Wednesday and Thursday. The Technical and Scientific Exhibits, as well as general assembly scientific meetings will be held in the large Illinois State Armory, which has a floor space of approximately 20,000 square feet. Special meetings will be arranged for at nearby hotels.

Springfield hotels have given definite assurance that they will make all facilities available and with the Chamber of Commerce, and Sangamon County Medical Society, along with other local organizations, will aid in every way possible to help in making the meeting an outstanding one.

The Chairman for the Committee on Arrangements, will be Dr. Jacob E. Reisch of Springfield. Within a relatively short time, all committees will be selected, and plans will be under way to insure that all desired local arrangements will be made at an early date.

This will be the first meeting of the Society to be held outside of Chicago since 1942. The last downstate meeting was held in Springfield that year. The large state Armory has not been previously available for meetings of the Society, and members will be agreeably surprised to see the facilities which are now available for a really big meeting. More details will be published in an early issue of the Illinois Medical Journal, and it is hoped that the members of this Society will plan early to aid in making the 1950 annual meeting one which will compare most Favorably with the successful mtetings of recent years.

THE UNITED MINE WORKERS' HEALTH AND WELFARE PROGRAM

After a trial period of trying to provide medical, surgical and hospital care to beneficiaries of the United Mine Workers of America Welfare and Retirement Fund, and hospital and specialist care to the working miners and their dependents, the Fund has decided to simplify

the procedures for the provision of medical, surgical and hospital care. All physicians in Illinois who have attended a patient authorized for treatment by the UMWA Welfare and Retirement Fund during the past five months were recently sent a form letter and a blank for the physician to indicate whether or not he would be willing to accept patients to be cared for under the auspices of the Welfare and Retirement Fund. Those letters were sent out over the signature of Dr. Cecil A. Z. Sharp, Area Medical Administrator for the St. Louis Area Medical Office, which serves the State of Illinois. Those physicians who responded on the blank and indicated that they were willing to provide home and office care, or accept referred patients; at a moderate fee, have had their names placed on one of two lists. The first list headed "Doctors Rendering Home and Office Care" contains the names of those physicians accepted for providing home and office care. The second list headed "Doctors Accepting Referred Cases" contains the names of those physicians giving particular emphasis to certain phases of medical practice who indicated that they would be willing to accept referred cases at a moderate fee. The United Mine Workers of America Local Union officials in Illinois will be given a list of the "Doctors Rendering Home and Office Care" and will instruct those individuals receiving assistance or pension from the Welfare and Retirement Fund that they may contact one of these physicians when and if they need medical care. Each family receiving a Welfare grant has a form from the Welfare Fund entitled "Authorization for Grant." The patient will present this "Authorization for Grant" together with his stub from his last benefit check which will serve as his proper identification. The physcian will be provided with a regular billing form and will bill the Fund directly for services rendered the patient. The physician, at his discretion, may refer the patient to another physician either on the list of "Doctors Rendering Home and Office Care" or on the list of "Doctors Accepting Referred Cases". He may also refer the patient to a hospital and if hospitalization is indicated he will be provided with a list of hospitals cooperating with the Welfare and Retirement Fund. The cooperating physician will be provided with prescription blanks to be used for beneficiaries of the Welfare Fund. The patient should take his prescription in duplicate to one of the cooperating druggists, a list of which will be placed in the hands of the cooperating physicians. The simplicity of the whole arrangement is its most valuable asset.

The working United Mine Workers of America miner and his dependents are entitled to necessary hospitalization and medical and surgical care while in the hospital. A working miner requiring hospitalization will ask his physician to give him a note stating that he needs to go to the hospital, take this note to his Local Union Secretary and secure a "Hospitalization Slip." This slip may be presented to any of the hospitals on the list of "cooperating hospitals." The "Hospitalization Slip" will be picked up by the hospital and attached to the billing form provided by the Welfare and Retirement Fund. Medical and surgical care not requiring hospital care will not be provided to working miners and their dependents at this time. The Council of the Illinois State Medical Society and the House of Delegates were assured by Dr. Cecil A. Z. Sharp, Area Medical Administrator, during the recent meeting of the Illinois State Medical Society that any ethical physician in Illinois who is willing to provide medical services to the beneficiaries of the Welfare Fund or to the working miners while in the hospital and to the Fund at a moderate rate, could have their names added to the list of cooperating physicians. Never in history has the medical profession been offered such complete responsibility in a program for the provision of medical and hospital care. All services will be provided on an ethical fee for service basis. So long as the physicians of Illinois cooperate by providing a high quality of medical care at a reasonable moderate cost, we can be assured that we will have a large group of individuals who will be satisfied with the provision of medical care on an individual basis and will not be clamoring to have the State provide a poor quality of "free" medical care. In order to maintain the good name of medical care in the State of Illinois, the Council has appointed a Medical Advisory Committee to cooperate with the Area Medical Administrator in his arrangements with Illinois physicians for the provision of medical and surgical care. It is also recommended in those areas where coal is actually produced by United Mine Workers

of America miners that a County Advisory Committee be appointed to consider local problems and cooperate with the State Advisory Committee and with Dr. Cecil A. Z. Sharp. It is not necessary for us to point out to Illinois physicians that while they are dealing with a multi-million dollar Welfare Fund that their patients are not multi-millionaires but the recipients of Welfare Assistance or laborers and that as a laboring group they are entitled to moderate fees for the services rendered. Any physician having a specific question should address it either to Dr. Cecil A. Z. Sharp, Area Medical Administrator United Mine Workers of America Welfare and Retirement Fund, 34 No. Brentwood Boulevard, St. Louis 5, Missouri, or to any member of the state Medical Advisory Comittee consisting of Dr. Everett P. Coleman, Chairman, Canton, Dr. G. C. Otrich, Belleville, Dr. C. O. Lane, West Frankfort, Dr. W. I. Lewis, Herrin, Dr. B. E. Montgomery, Harrisburg, Dr. Ralph S. Sabine, Murphysboro, Dr. W. A. Monaghan, Taylorville.

TELEVISION AND "EYE STRAIN"

Ever since the publication of the physiologic researches of Donders of Utrecht in his classic treatise on "the Anomalies of Refraction and Accommodation" in 1858, physicians, scientists and quacks have been interested in the subject of "eye strain" and its effect upon the human individual in a complex world. Dr. William Thomson in 1879 in a paper on "Astigmatism as a Cause for Persistent Headache and Other Nervous Symptoms" enumerated pain in the brow, temples and occiput, a sense of fulness in the head amounting to vertigo and nausea, insomnia, loss of appetite, fear of impending apoplexy or epilepsy, general nervous prostration, choreic twitching of the muscles of the head and face and a host of other symptoms all of which he had seen relieved by correcting the astigmatic eyes of these patients. S. Weir Mitchell of Philadelphia went to considerable length in 1874 to point out the part that eye strain played in the symptomatology of his psychiatric patients, and described instances where some of these individuals were cured by wearing a proper pair of glasses. Since then the American people particularly, have become thoroughly indoctrinated in the belief that a pair of glasses will cure headaches, nervousness, inattention, faulty reading, muscle twitching, poor hygiene of living and so on. Furthermore they have been subjected for years to the false and pernicious propaganda that "wearing the wrong glasses will injure or ruin the eyes." No organic disease of the eye has ever been proved to be due to eye strain or to wearing of wrong glasses.

A person says he has "eye strain", (called asthenopia, if he pays extra) when for any reason the use of his eyes is uncomfortable. There is no question but that the correction of refractive errors, ocular muscle imbalance and perhaps even aniseikonia has afforded relief to many patients. But the fact remains that many patients with these optical errors have a tolerance and show no symptoms, while others who have been correctly diagnosed and meticulously refracted and corrected still have asthenopia.

Many of the latter group have congestion of the conjuctiva due to other than local infective causes such as allergy, insomnia, hypothyroidism, vitamin deficiency and what not. This condition has been appropriately termed "conjunctival asthenopia." Since many of these people have photophobia, due perhaps to hyperemia of the iris, the use of tinted glasses is popular.

Still another group of "asthenopes" have "mental fatigue" due to weak motivation that is projected to their eyes. When there is a deep enough incentive and interest a person in this group can read for hours at a stretch without eye strain; but give him something to read that bores him stiff and his eyes "go bad" in a very short time. An astigmatic adolescent boy, for example, can read a lurid sex book through at one sitting, in a dim light, without complaining of his eyes. Place a dull history book in front of him and assign him an hour's lesson in a properly lighted room and in a remarkably short time his eyes bother him so that he is unable to get on with his task.

This is not to belittle what is called the hygiene of vision. This consists of paying attention to all of the rules for good health in general and includes proper and adequate lighting without glare, and the correction of refractive errors and ocular muscle anomalies if these are truly factors. It pays the same part in the comfortable and efficient use of our eyes as the proper environment of temperature, proper food, comfortable surroundings and furniture, and so on.

do for the accomplishment of tasks by other parts of our bodies.

When movies were first invented people were fearful of the effect upon their eyes and ophthalmologists, or oculists as they were then known, were bombarded with questions about it. Their pompous words of advice sound familar to us today. The flickering pictures of the primitive nickel shows appeared to disturb our eyes but no damage was done and as improvements followed in the natural evolution of the cinema the fear of ocular injury entirely disappeared.

Television has lead to the same situation in our day. The ophthamologist and the family physician are daily questioned about whether or not harm to the eyes can come from viewing it. As the novelty wears off and improvements come, these fears too are gradually disappearing. It is safe to say that no organic ocular disease can be attributed to the television habit.

It is common sense however to see to it that the programs are viewed under the most favorable circumstances. In a answer to a query, the Journal of the American Medical Association published the following sensible suggestions that deserve emphasis:

1. In general, a large screen is considered better than a small one, because it allows clearer vision at a greater distance and gives a large visual angle.

2. A distance of ten feet or more away from the screen would, in general, be better than a shorter distance, provided that the size of the screen and of the room would permit.

3. The nearer perpendicularly the screen is viewed, the better. Too much of an angle produces distortion and makes coordination of the two images received by the eyes difficult. (It might be added here that since most of our visual work is done at the level or below of our eyes, it would seem better especially for children, to have the screen at eye level.)

4. Although there is not a definite time limit for watching television, some discretion should be used, and it should not be persisted in beyond the point of fatigue (or boredom).

5. Daylight screens, in general, are considered better than the ordinary ones because they are compatible with more light in the room, thus reducing the contrast between screen and surrounding objects.

6. Although television in itself does not produce eye strain, it requires all the important components of the visual act. Since we know that there is a very large personal factor and people vary in their capacity to carry on various visual tasks, there will be more enjoyment if the rules given above are followed. People with defects in convergence, accommodation, fusion and refraction may suffer ocular discomfort sooner than others. There is no reason why they can't close their eyes and listen to the inane and puerile chatter from the loud speaker instead, if they want to.

Derrick Vail, M.D.

HEALTH IMPROVEMENT ASSOCIATIONS IN ILLINOIS

Organization of Health Improvement Associations in several counties of Illinois during the past year is demonstrating that it is possible for people of this state to solve their health-care problems the voluntary way. Members of the medical profession in these counties, and throughout the state, are joining in this campaign to bring a new and higher standard of health to rural areas.

Recognizing the need for an adequate program to protect the health and welfare of their communities, farm and civic leaders of Bureau, Cass, Cook, Hancock, Kendall, Lake, La Salle, Macon, McLean, Schuyler-Brown, Vermilion, and Warren counties have formed county Health Improvement Associations to study rural health and to make recommendations and outline programs which will lead to a better program of health in those communities. DuPage, Kane, Livingston and Will counties also have established similar organizations to meet the needs of their people.

The early success of these associations in meeting some of their goals has led observers in the medical and hospital fields to predict that they are destined to perform a most effective service for the people of Illinois by introducing many health measures which will be of immeasurable value. The spread of these organizations to new counties is an indication of the ability of the HIA, as each association is popularly known, to serve the people's health requirements voluntarily.

In each county, HIA has selected sponsorship of an enrollment in Blue Cross Plan for Hospi-

tal Care as its first project for better health. Blue Cross is the nonprofit community service organization which provides hospital care benefits for members through an easy, voluntary, prepayment program, a need which is as great for rural residents as it is for urban industrial and professional workers.

Blue Cross enrollments through HIA are unique in that residents of each county volunteer to contact their neighbors to explain the Blue Cross movement and to take applications for membership. HIA serves in each county as the collecting and remitting agency for Blue Cross, thus giving rural residents the advantage of group membership dues.

The Illinois State Medical Society, following policies outlined by The American Medical Association, has been urging the formation of Health Improvement Associations throughout the state and asking that physicians everywhere take an active part in the organization and development of HIA groups in their counties. Because the county medical societies are in the best position to determine community health needs, they should contribute guidance and supervision of health projects established by the organizations.

Working together, doctors and farmers of Illinois are meeting the problem of rural health face to face and are doing something about it today—not waiting until it is too late to solve voluntarily. They are meeting the challenge of those who would foist socialized medicine on the people and they are working, with Blue Cross, to provide an adequate health program for rural areas at a cost that is low.

Organization of Health Improvement Associations is rural Illinois' answer to government interference and the bureaucratic bungling of a compulsory, federal health insurance program. Rural areas are accomplishing their goals in the traditional American spirit of free enterprise.

AS OTHERS SEE US!

In a recent public opinion survey conducted by the National Society for Medical Research many questions were asked relative to the practice of medicine, animal experimentation, etc. The report was too long to be published in full but the replies to the following two questions came close to home.

2. A. What is your opinion of *most* doctors today?
 B. Why do you feel this way?

46%	Well trained, competent
8	Hard-working, conscientious
7	Friendly, interested, humanitarian
14	Miscellaneous and unexplained approval
12	Too mercenary
8	Cold, unfriendly, lack of personal interest
6	Incompetent, poorly trained
5	Too narrow in training and outlook
3	Too much specialization
2	Miscellaneous and unexplained disapproval
7	Don't know, can't generalize
118%	Some gave more than one answer

3. Do you think most doctors are *too* interested in making money from their patients or not?

35%	Most are
57	Most are not
8	Don't know
100%	

A. (IF "MOST ARE") What makes you feel this way?

Percent of Sub-group	
32%	Overcharge, fees too high
19	Won't treat you unless you have the money, won't take poor patients, won't answer calls if bill is outstanding, etc.
13	Give unnecessary and expensive treatments in order to charge more, unnecessary consultations for fee-splitting, keep you coming back
5	Want an office practice, won't make home calls, night calls
5	Rush from one patient to another to get as many as they can
2	Oppose low-cost medical care plans
19	Personal experiences with doctors, kind unspecified

7 . . Miscellaneous
1 . . Don't know

103% . . Some gave more than one answer

HOSPITAL BIRTHS IN ILLINOIS

The following chart is included to demonstrate that the trend for hospital deliveries is definitely on the increase in Illinois. The percentages are not the highest in the country but compare most favorably with other industrial states having a large negro and foreign population.

BIRTHS IN ILLINOIS, PERCENT OF BIRTHS IN HOSPITALS BY YEAR: FROM 1943 thru 1948

Year	Total Births*	Births in Hospitals	Percent in Hospitals
6 year total	991,145	907,966	91.6
1943	156,059	136,648	87.6
1944	141,854	126,884	89.4
1945	137,969	126,306	91.5
1946	174,927	161,879	92.5
1947	196,045	183,487	93.6
1948	184,291†	172,762	93.7

* Occurrence
† Provisional
ILLINOIS DEPARTMENT OF PUBLIC HEALTH DIVISION OF HOSPITAL CONSTRUCTION AND SERVICES MARCH 30, 1949

ILLINOIS PHYSICIANS EXHIBIT ART

The eleventh annual exhibition of the American Physicians Art Association was held at the Atlantic City meeting of the American Medical Association June 6-10. Illinois physicians were well represented in the various fields. According to the catalogue issued to those in attendance, the following Illinois men had entered the following subjects:

STEFAN H. BALOGH, Chicago, Illinois
Ashtray (copper)
Schooldoor in Hungary (print)
ALFRED PAUL BAY, M. D., Manteno
Dorothy (photograph)
JOSEPH E. BELLAS, Peoria
De Caritate (Oil, non-objective)
Seascape (oil, landscape)
ARTHUR A. BREWER, Alton
Anticipation (photograph)
Icy Decoration (photograph)
CARL W. CHRISTENSEN, Waukegan
Lo! The Fallen Angel (water color)
The Plucked Flower (water color)
JACOB A. GLASSMAN, Chicago
Cat — Looking (Oil, portrait)
Indian Warrior with One Eye (Oil, portrait)
GEORGE S. GLASSHOFF, Chicago
Still Life (oil)
The Patriarch (Oil, portrait)
LOIS D. GREENE, Highland Park
Young Girl (oil)
Art Student (oil)
EMID D. W. HAUSER, Chicago
Winter Retreat (water color)
Dudes and Cowboys Playing Ball (water color)
MILTON D. HEIFETZ, Cicero
Pride (sculpture)
HARRY L. HOOTNICK, Chicago
Sleep Baby Sleep (photograph)
T. ARTHUR JOHNSON, Rockford
Lantern Gate, Casa Blanca (photograph)
BERNARD KLEIN, Joliet
Cat-nap (photograph)
Symbol of Tranquility (photograph)
JOHN E. KRAUS, Peoria
The Old Coal Mine (oil)
HAROLD LAUFMAN, Chicago
Figure (wood work)
Figure (oil)
E. C. LAWLER, Chicago
Brave Diver of Mexico (photograph)
Tranquility (photograph)
W. A. MALCOLM, Peoria
Annye (oil)
The D. P. (oil)
RAYMOND W. McNEALY, Chicago
Rural Mexico (water color)
Back Street (water color)
DELLA W. MOUSSA, Chicago
Torso of a Dancer (oil)
JOSEPH K. NARAT, Chicago
How to Keep Cool in the Operating Room (drawing)
JACK H. OSTER, Chicago
Good Friends (photography)
Vacation on the Farm (photography)
JOHN I. PERL, Chicago
Chimerical Interior (oil)
Negev (oil)
BEN Z. RAPPAPORT, Glencoe
Betty (drawing)
Still Life (oil)
H. L. RHETTA, Chicago
Old Man (water color)
Constable's cottage (water color)
MAURICE A. SCHILLER, Chicago
Talmud (oil)
Yellow table (oil)
M. F. STEIN, Chicago
Night Harbor (oil)
Happy Warrior (oil)

MAX THOREK, Chicago
Somewhere in Italy (photograph)
Ad Astra (photograph)
C. MARTIN WOOD, Decatur
Passing Storm (oil)
Native-Fountain, Guatemala (oil)
LEO M. ZIMMERMAN, Chicago
Female Figure (wood work)
Wood Carving (wood work)
Late arrivals,
S. L. GABBY, Elgin
Trees (needle work)
O. B. GILTNER, Sheffield
Unusual Cumulus Clouds (photograph)
Tranquility (photograph)
T. ARTHUR JOHNSON, Rockford
The Old Lighthouse (oil)
W. F. KALISZ, Chicago
Nubian (oil)
BERNARD SAYRE, Chicago
Mandy (oil)
Mottville (oil)
BEATRICE RAYMOND, Chicago
In the Next Street (oil)
Portrait of Jerry (water color)

ROUND TABLE ON HOW THE NEW ZEALAND MED. PLAN WORKS

The occasion for this discussion was a two hour meeting of four New Zealanders and four Americans. The match that set it off was the statement, "Your plantation medical system is just like the present New Zealand plan", and the answer, "Oh no, it isn't." The discussion ended with two very strong convictions: (1) That the plantation plan is not like the New Zealand system because the plantation system still demands private initiative and is not a compulsory one. Rewards come in relation to the effort expanded and the work done. There is also no way of padding the income by doing unnecessary superficial work. The plantation doctors are paid to keep people well, and they receive the same pay whether they make one call or ten. (2) The New Zealand system is wonderful for the ease with which a doctor can make a good living but detrimental to the developing of high medical ethics and detrimental to the giving of the best medical service to the people of New Zealand.

I will try to illustrate the reasons for these conclusions by quoting a few of the pros and cons:

U.S.: "Can anybody go to any doctor they wish whenever they are sick?"

N.Z.: "Yes. A patient can go to ten different doctors in one day, and for each call the doctor can collect 7'6 which the government will pay. If the patient should go to a specialist who collects his regular fee of, two guineas, then the patient can get 7'6 back from the government, providing the doctor gives him a receipt for the money. So, you see, it is easy for the patient, and the doctor is paid for everything he does, and he can continue to conduct his own private practice."

U.S.: "Doesn't that tend to make the doctors have patients return for unnecessary calls, and make the patients run to doctors for the most trivial condition?"

N.Z.: "Well, there are doctors who formerly were barely getting by and who now are rolling in luxury. It is one of the abuses, but it is hoped in time such abuses will disappear."

Other N.Z'ers.: "You know very well, it will get worse rather than better. It is only a matter of time before the politicians will cut doctor fees. The method enhances dishonesty, and rewards are highest to the careless and most unscrupulous."

U.S.: "What about drugs? Is there no limit?"

N.Z.: "No. A patient would feel cheated if he was not sent to the chemist for medicine. You see, the chemist pays the patient two pennies for each empty bottle returned."

Other N.Z.'er.: "I discovered my maid pouring medicine down the sink and asked her why she was wasting good medicine. Said she, 'I'm all better now and can get two pennies for the bottle.' The chemists who formerly seemed down at the heels, now have shops that fairly sparkle

and shine. The national drug bill has risen to fantastic heights, an amount equal to that of the doctors' income."

U.S.: "That seems wasteful, but do you think the health of the people has improved?"

N.Z.: "There is no question that the health of the children has improved inasmuch as ten shillings a week is paid for every child regardless of the family income. Of course, it has cost the government a great deal, but all the children are better fed."

Other N. Z'ers.: "Yes, and now the children of New Zealand are being reared without a sense of responsibility, on the principle of getting more than they earn, of living with 'security' assured without effort, of getting without giving, and many of the doctors do receive beyond their capacity to give in service. The slogan of 'something for nothing' is eating the soul out of New Zealand. The accumulated reserve of the war years is rapidly being dissipated, and the forty hour week with the philosophy of do as little as you can get away with, does not earn sufficient money to pay for these 'services'. In spite of rationing meat, butter and most essentials, we are rapidly becoming a bankrupt nation, but more serious is the fact that we are developing a bankrupt soul. 'Good!' you say. Bah! most of us say, good for nothing! The taxes take all our earnings."

U.S.: "What about laboratory service and hospital care?"

N.Z.: "All kinds of laboratory work can be done without cost to the patient. The reports will be sent to the doctor the patient designates or the doctor can send the patient to any laboratory and get the reports directly. The laboratory is paid by the Government on a definite fee basis, and the laboratory men are satisfied. As far as hospitals are concerned, there is no cost to the patient. The government hospitals have small and large wards. All private hospitals are overcrowded, and there is at least a three weeks waiting period in order to get into a private hospital. The private hospital is paid nine shillings a day per patient. That much is deducted from the patient's bill.

Other N. Z'er.: "The three weeks period that one must wait to get into a private hospital indicates the patients' dissatisfaction with the public hospitals. There is no question that more hospital days are used than necessary. There is an unnecessary waste of money.

U.S.: "Well, there doesn't seem to be an unanimity of opinion regarding the blessings, but from what I gather, you attract a poorer quality of men into medicine, encourage the poorer doctors to make more than they earn because 'the government will pay.' The system encourages dishonesty and the dishonest use of medicine. The cost of medical care is reaching astronomical heights without any visible improvement in health (except for the money you allot to feed the children) or character, and some evidence indicates the reverse. These results and the fact that three out of four intelligent New Zealanders believe the abuses far outweigh the good points, lead me to conclude with a fervent hope that America never tries such an expensive gold brick. It shines brightly on the surface, but beneath the bright exterior is ordinary clay."

Other N.Z'ers.: "Hear! Hear!"

N.Z.: "You are all wrong. The abuses will eventually be controlled, and then we will have a bright, new world."

U.S.: "But isn't the fundamental philosophy wrong. No strong man or strong nation ever arose without pain, suffering and struggle. Remove these; pass out security to everyone, and you sell the soul of strength and independence 'down the river'. Rome fell because of that. Leaders never developed on 'sweet honey pie' talk. We are sad to see that New Zealand has been sold a bill of goods that sounds like the golden beetle of plenty but which history tells us will become a termite eating at the roots of the nation. Given time, the tree will fall. Even the medical profession will grow weak on guarantees and assurances of a good living on minimum effort. Isn't that wrong?"

Other N.Z'ers.: "Just so. Just so!"

N.Z.: "I think you paint it a bit gloomy. We do make a bit of money, but the government takes it all back in taxes. Actually we now work mostly for the government, so where is all your ease and comfort? Most of us can make in a four day week as much as we can keep, so we have three days for fishing and boating. That will make our souls rugged, and when the people have no doctors during weekends, they will have enough worries to strengthen their souls. Yes,

(*Continued on page* 96)

STATE DEPARTMENT OF PUBLIC HEALTH



Public Health Legislation Passed by the 66th General Assembly

In its deliberations the General Assembly considered about 100 bills that had some relationship to health, health services or the Department of Public Health. These bills dealt with a wide variety of subjects ranging from the famous "dog pound" bill to the control of thioglycolate used in home permanent waves. Not all of these bills passed both Houses. The bills of public health significance now awaiting final action by the Governor are summarized in the following paragraphs:

S.B.244—County and Multiple County Health Departments

This Bill amends the law in relation to the establishment and maintenance of county and multiple county health departments. It provides that when a petition signed by the required number of voters in the required number of townships has been presented to the county board, the board shall by official action instruct the county clerk to put the issue on the ballot. The law prior to this amendment was in some areas of the State interpreted to mean that the county board of supervisors may, at their discretion, act upon a properly presented petition. The Bill was amended on second reading in the House to provide that the issue may not come to ballot less often than once in four years. The Bill prescribes the manner in which the County Health Fund is to be drawn upon for the purposes of the Act and provides for the election of a treasurer to the Board of Health wherein such Board serves a multiple County Health Department and the duly elected county treasurer of any one of the counties is not empowered to act in the interest of the multiple county governmental function.

S.B. 248-251-TB. Research Institute.

S.B.248 provides for the reappropriation of $330,000 for the establishment of the Institute of Tuberculosis Research in Chicago. This sum was appropriated by the 65th General Assembly, but, due to the delays in construction projects, this amount of the original appropriation was not expended by the close of the fiscal year.

S.B. 249-250 relate to the administration of the TB Institute in Chicago. S.B.249 transfers the Institute from the Medical Center Commission to the University of Illinois. S.B.250 amends the Act establishing the Institute by placing full authority in the University and creates an Advisory Board of five medical directors to serve for a term of five years each.

S.B.251 appropriates $143,000 to the University of Illinois for the operation of the Institute.

S.B.277—Sanitary Water Board.

This Bill amends the law governing the operation of the Sanitary Water Board. This Board comprised of the Directors of the Departments of Public Health, Agriculture, Conservation, Public Works and Buildings and a representative of the manufacturing interests of the State appointed by the Governor, has certain powers and duties with regard to the control of pollution of the surface and undergound water supplies. This Bill strengthens the hand of this all important Board and permits them to act where there is evidence of a threat of pollution rather than waiting until actual pollution has taken place. The Board is given more authority over the control of sewage systems.

S.B. 278-281—Water Pollution.

These bills make the necessary amendments required for Illinois municipalities and sanitary districts to participate, if desired, in certain provisions of P.L. 845, passed by the 80th Congress. This Federal legislation came about through material interest in stream pollution control, (especially in the Ohio River Basin) and through the recognition that Federal assistance may be necessary for some areas in the preparation of plans and in the financing of construction. The amendments designate the manner of issuing bonds for the purposes of these laws governing sewage facilities.

S.B.297—Hospital Construction Act.

This Bill amends the Illinois Hospital Construction Act passed by the 65th General Assembly in order to define a health center and to extend the provisions of the original act to the health facility termed health center.

S.B. 360-362—Care of Tuberculosis.

S.B. 360 provides that the State shall pay a subsidy of not more than $3 per day for each patient with tuberculosis who is obtaining inpatient care at public expense in lawfully operated hospitals or sanitaria. A total of $5,000,000 was included in the Bill, not more than $100,000 of which could be expended for administrative expenses. The subsidy is not an outright per-patient payment, but is contingent upon the local levy of the maximum permissible tax for tuberculosis control and upon the demonstration that these local funds are insufficient to provide adequate sanitarium care for persons with tuberculosis in the jurisdiction. The program is to be administered by the State Department of Public Health.

S.B.362 appropriates to the State Department of Public Health the sum of $1,000,000 for needed repair, rehabilitation, alteration or expansion of public Tuberculosis Sanitaria and for needed equipment. The Department is given authority to prescribe reasonable rules and regulations governing the expenditure of this grant.

S.B.390—Powers and Duties of the Department of Public Health.

This Bill amends Section 55 of the Civil Administrative Code. It authorizes the Department of Public Health to establish and enforce minimum sanitary standards for the operation of public water supplies; to require plans and specifications prior to any changes in public water supply systems; to inspect recreational, tourist and trailer camps and to enforce sanitary management of them.

Of particular concern to physicians is the authority given the Department to establish and enforce minimum standards for the operation of laboratories which make examinations in connection with the diagnosis of disease or tests for the evalution of health hazards; to issue certificates of competency to persons making such tests.

S.B.408

This Bill provides the appropriation to the Department of Public Health for the biennium July 1, 1949-June 30, 1951.

In connection with S.B.408 it may be of interest to compare the appropriation for the 65th and the 66th Bienniums by category of Service:

Division of:	65th Biennium 1947-49	66th Biennium 1949-51
General Administration	$ 307,036	$ 393,546
Cancer Control	94,974	94,574
Communicable Diseases	395,889	424,689
Hospital Construction & Services	80,000	307,320
Hotel & Lodging House Inspection	299,311	148,101

Industrial Hygiene	125,345	145,745
Laboratories	947,233	1,136,113
Local Health Administration	2,136,297	2,561,631
Maternal & Child Health	166,979	166,979
Public Health Dentistry	30,742	135,182
Public Health Education	167,585	173,185
Public Health Nursing	72,601	73,530
Sanitary Engineering	322,709	559,237
Tuberculosis Control	104,040	116,180
Venereal Disease Control	189,685	213,505
Vital Statistics & Records	405,983	463,833
	$5,846,409	$7,113,350

S.B.409—Hospital Districts.

This Bill is a re-draft of the Hospital Authority Act (65th G.A.) found unconstitutional in September 1948. The new Bill was drafted after study of the unconstitutional features of the old law. The Bill authorizes the establishment of a Hospital District in any contignous territory of the State having a population less than 10,000. Provisions are made for the Hospital District, when legally created, to locate, establish and maintain hospitals. The District may issue bonds secured by taxes the levy for which may not exceed .075 per cent for hospital purposes.

S.B.473—Marriage Test for Gonorrhea.

This Bill amends Section 6a of the Marriages Act by striking those phrases which require the microscopic examination of smears from the genitalia for gonococci. The requirement of the serologic test for syphilis prior to marriage remains unaltered.

S.B.655—Reappropriations.

Section 4 of this Bill reappropriates $4,116,121 to the Department of Finance to cover the unliquidated encumbrances made by the Department of Public Health during the 65th Biennium for the construction of public and non-profit hospitals in accordance with the Illinois Hospital Construction Act. These funds cover the balance due on authorizations for grants-in-aid for the construction of 14 hospitals now in various stages of completion.

Section 5 of this Bill reappropriates $5,594,631 unexpended encumbrances involved in the construction of the State Tuberculosis Hospitals at Chicago and Mt. Vernon.

S.B.680—Appropriations for certain additional ordinary, contingent and distributive expenses of State government.

Three million dollars is appropriated for continuation of the grants-in-aid program for the construction of public and non-profit hospitals which qualify under the Illinois Hospital Construction Act, and $1,682,716 is appropriated for completing construction and equipment of the State tuberculosis hospitals at Chicago and Mt. Vernon.

H.B. 856 and 857—Pasteurized Milk and Grade A Milk.

These Bills make detailed changes in the laws governing the handling, processing, labelling, sale and distribution of pasteurized milk and milk products and Grade A milk and milk products.

CONFERENCES ON HOSPITAL FOOD SERVICE

Recognizing the importance of good nutrition to the welfare of the sick, and mindful of the special need of hospitals for guidance in their food service problems, the Department of Public Health in collaboration with the Illinois Hospital Association and the Illinois Dietetics Association recently sponsored a series of conferences on hospital food service. This was the second series of meetings, the first of which was held two years ago. The 1949 series of one-day meetings were held in each of the following cities: On May 17—Breese, May 18—Olney, May 25—Aurora, May 26—Moline, June 1—Danville, June 2—Springfield.

The program which was presented at each of the conference centers was as follows:

The Administrator's Interest in Food Service
George A. Lindsley, Hospital Consultant
Division of Hospital Construction and Services
State Department of Public Health

Quality Food — Slides of Attractive Tray Set-ups, obtained from
Mrs. Mary Harman Riste, Chief Dietitian
Butterworth Hospital, Grand Rapids, Michigan

Current Trend in Diet Therapy
Pearl Lewis, Consultant Dietitian
Chicago, Illinois

Sanitary Food Practice
Douglas B. Morton, Sanitary Engineer
Division of Sanitary Engineering
State Department of Public Health

Employee Training — Round Table Discussion Conducted by
Wilma R. Robinson, Consultant Dietitian
Division of Hospital Construction and Services
State Department of Public Health

The program was planned primarily to assist those in charge of the hospital food service in the smaller hospitals which do not have suffi-

cient dietary problems or financial resources to employ full-time qualified dietitians. The attendance was not, however, limited to representatives of the small hospitals and many dietitians. hospital administrators, nurses, office managers from hospitals of all sizes were there. Chief among the registrants, of course, were food service supervisors, cooks and kitchen helpers. Local public health personnel. college instructors in home economics and their students were also in attendance.

The growing interest in the field of hospital food service is indeed commendable. With this new interest and the improved equipment for food preparation and service, the old epithets on hospital cooking are fast becoming a matter of legend. The special efforts on the part of the hospital trustees and administrators merit commendation and, chances are that the food service supervisor, essentially a cook at heart, may produce even greater wonders upon encouragement by the medical staff.

NEW ZEALAND (Continued)

indeed, we will remain strong. The plan is good!"

U.S.: "I hope so. But, what price security! Give me struggle! 'Happiness consists in overcoming obstacles' was expounded after centuries of experience. 'Give me more while I do less' is an unproven slogan and not developed from actual experience. One must wonder and ponder in this age of nostums, antagonisms and violence, but it can be fun watching the great revolution and wondering where we are going to land. For the present I would rather be watching New Zealand medically from this distance than to be living in it."

The conclusions reached seem to agree with those of no less an authority than Gen. Paul R. Hawley who wrote in the "Blue Cross Bulletin": "I am convinced that the provision of health care under the government would be the most extravagant experiment the taxpayer has yet been forced to support. He would pay not alone in money, but in his own health and in the health of those dependent upon him."

From Plantation Health, published quarterly on Oahu under sponsorship of The Hawaiian Sugar Planters' Association, Volume XII, October, 1948, Number 4.

HEART GROUPS TO MERGE

— Preliminary steps for merging the American Foundation for High Blood Pressure with the American Heart Association have been approved by the boards of both groups, it was announced today by A. W. Robertson, Chairman of the Board of the American Heart Association.

The high blood pressure group will thus become a Section of the American Heart Association's Scientific Council and will be known as the Council for High Blood Pressure Research. Other Sections within the Association's Scientific Council now include the Section on Circulation and the American Council on Rheumatic Fever.

Ignored tuberculosis progresses. An organized regimen, active treatment, awareness of the possibilities and cooperation are necessary to cure or check the disease. Scarcoidosis may be entirely ignored, and with few exceptions the patient does just as well, or better, than with medical intervention. There is an environmental and family factor in tuberculosis. Great stress is laid on finding the infection source — the contact. Henry E. Michelson, M. D., J. A. M. A., April 17, 1948.

Tuberculosis in industry can be controlled as an integral part of a general health program, although constant vigilance is indicated. Fred B. Wishard, M. D., Am. Rev. Tuberc., June 1948.

CORRESPONDENCE



PUBLIC HEALTH OFFICERS NEEDED FOR JAPAN

To The Editor:—

The Department of the Army is urgently in need of Public Health Officers to serve in a civilian capacity with the occupation forces in Japan. These positions, which involve supervision of Japanese prefecture (state) health departments in all phases of preventive medicine and medical care programs, offer an excellent opportunity for broad experience in public health. We will greatly appreciate your assistance in locating qualified and interested candidates for this program.

Minimum acceptable qualification requirements are a degree in medicine plus one year internship. Experience in public health is desirable but is not mandatory.

The salary for these positions is $6235.20 per annum plus 10% post differential with quarters provided at no cost to the employee. Individuals selected for appointment must agree to remain a minimum of two years. Transportation is furnish to and from Japan. Dependents may join the employee in approximately 6 to 8 months after his arrival in the command.

It will be appreciated if you will publicize this information and advise interested applicants to make formal application by submitting Civil Service Commission Form 57 to this office. Forms may be obtained from any Class A Post Office.

The necessity for immediate recruitment of qualified and suitable personnel cannot be overemphasized. Your assistance in this vital program will be most beneficial to the Department of the Army.

Sincerely yours,
CHARLES C. FURMAN
Chief, Recruitment Section
Overseas Affairs Branch
Civilian Personnel Division

"YOUR MENTAL HOSPITALS" GERIATRICS

The lengthening of the span of life brings with it a progressive increase in the problems associated with old age. There is an increase in the diseases of old age, as well as an increase of mental illnesses associated with arteriosclerosis and senility.

The number of elderly patients with varying degrees of organic impairment and social incapacity becomes greater each year with increasing longevity and better geriatric care. The elderly patient, therefore, presents one of the most important factors in the present day overcrowding in the mental hospitals. Specific treatment which can be given to these elderly patients

is limited and it resolves itself in many cases into custodial care with occupational, recreational and industrial therapies.

Thirty-five percent of the 34,000 patients in the nine state mental hospitals are over 60 years of age. Many of these will spend the remainder of their days in the hospitals. The seriousness of this problem can be realized by an analysis of the figures on first admissions to these hospitals during the last fiscal year. Over one-third (37.6%) of the 8,800 first admissions last year were over the age of 60, as shown by the following chart:

First Admissions to Nine State Mental Hospitals

Ages	*Per Cent*
85 and over	3.40
80-84	5.53
75-79	7.38
70-74	6.95
65-69	7.69
60-64	6.94
Total over 60	37.69

Out of every 100 hundred admissions 37 are over sixty years of age, 23 are over seventy years of age, and 3 are over eighty-five years of age.

These figures indicate the need of a careful analysis and study of the elderly persons before commitment to a mental hospital. Wherever possible the individual should be given opportunities to make an adjustment in his own community and environment. Relatives should be encouraged to care for their elders even though they may have some mild changes associated with senility. At times, these patients will adjust very well in substitute homes. It might be well to point out to relatives that these aged are entitled to old age assistance benefits which would defray the cost of keeping them in their own home, or a substitute home. Recently, the Illinois Public Aid Commission has also been paying for medical expense that such patients may incur while receiving old age assistance.

George A. Wiltrakis, M.D.
Deputy Director

OBSTETRICIANS CERTIFY 236

The annual meeting of the American Board of obstetrics and gynecology was held in Chicago, Illinois, from May 8 to May 14, 1949, at which time 236 condidates were certified.

New bulletins, incorporating changes made at the recent meeting, are now available for distribution upon application and give details of all new regulations.

The next scheduled examination (Part I), written examination and review of case histories, for all candidates will be held in various cities of the United States and Canada on Friday, February 3, 1950. Application may be made until November 5, 1949. Application forms and Bulletins are sent upon request made to American Board of Obstetrics and Gynecology, 1015 Highland Building, Pittsburgh 6, Pennsylvania.

CLINICS FOR CRIPPLED CHILDREN LISTED FOR SEPTEMBER

The University of Illinois Division of Services for Crippled Children will hold 18 clinics for physically handicapped children during September. Four rheumatic fever, two cerebral palsy and 12 general clinics. General clinics provide diagnostic orthopedic, pediatric, speech and hearing examinations.

During June, 649 children attended the general clinics while 52 attended rheumatic fever clinics and 27 attended those held for the cerebral palsied. Attendance at the special clinics is by invitation only.

These clinics are held by the Division in cooperation with local medical and health organizations. Clinicians who serve are private physicians who are certified Board members. Any private physician may refer or bring children to a convenient clinic for examination or consultative services.

The September schedule is as follows:

September 1 — Hinsdale, Hinsdale Sanitarium

September 7 — Rock Island (Cerebral Palsy), St. Anthony's Hospital

September 8 — Elmhurst (Rheumatic Fever), Elmhurst Community Hospital

September 8 — Springfield, St. John's Hospital

September 9 — Chicago Heights (Rheumatic Fever), St. James Hospital

September 9 — Clinton, Y.M.C.A.

September 13 — Peoria, St. Francis Hospital

September 13 — E. St. Louis, Christian Welfare Hospital

September 14 — Centralia, Franklin School
September 20 — Golconda, American Legion Home
September 20 — Quincy, Blessing Hospital
September 21 — Sterling, Sterling Public Hospital
September 22 — Rockford, St. Anthony's Hospital
September 22 — Bloomington, St. Joseph's Hospital
September 23 — Chicago Heights (Rheumatic Fever), St. James Hospital
September 27 — Peoria, St. Francis Hospital
September 27 — Effingham (Rheumatic Fever), American Legion Home
September 28 — Springfield (Cerebral Palsy), St. John's Hospital
September 28 — Alton, Alton Memorial Hospital

CHICAGO MEDICAL SOCIETY POSTGRADUATE COURSES

The Chicago Medical Society is offering two one-week postgraduate courses to physicians of the country from October 17th through October 29th. The subjects chosen for presentation were requested by the men taking the courses during 1947 and 1948.

The Committee on Postgraduate Medical Education of the Chicago Medical Society has made every effort to secure a faculty composed of outstanding teachers and authorities in the two subjects, and is pleased to announce that the following men have consented to serve on the faculty:

OCTOBER 17 — 22, 1949 — *CARDIO-RENAL AND PERIPHERAL VASCULAR DISEASES.* A complete list of the faculty will be available later; it will include among others, the following teachers:

Wright Adams — University of Chicago
Benjamin M. Baker — Johns Hopkins University
Emmet Bay — University of Chicago
Alfred Blalock — Johns Hopkins University
Geza deTakats — University of Illinois
George K. Fenn — Northwestern University Medical School
Edmond F. Foley — University of Illinois
Stanley Gibson — Northwestern University Medical School
Robert E. Gross — Harvard University
Laurence E. Hines — Northwestern University Medical School
Louis N. Katz — Michael Reese Hospital
Chauncey C. Maher — Northwestern University Medical School
Gilbert Marquardt — Northwestern University Medical School
Hugh McCulloch — LaRabida Sanitarium, Chicago
George R. Meneely — Veterans Adm. Hospital, Nashville, Tennessee
John P. Merrill — Harvard University
Ovid O. Meyer — University of Wisconsin
Francis D. Murphy — Marquette University
Eric Oldberg — University of Illinois
Harris B. Shumacker — University of Indiana
Albert VanderKloot — University of Illinois
George E. Wakerlin — University of Illinois
Irving Sherwood Wright — Cornell University, New York

OCTOBER 24 — 29, 1949 — *OBSTETRICS, ENDOCRINE-GYNECOLOGY AND STERILITY.* A complete list of the faculty will be available later; it will include among others, the following teachers:

Frank E. Adair — Cornell University
Edward D. Allen — University of Illinois (Rush)
Joseph L. Baer, Rush Prof. Emeritus OG, University of Illinois
Charles Lee Buxton — Columbia Presbyterian Medical Center, New York
Ralph E. Campbell — University of Wisconsin
I. Davidsohn — University of Illinois
M. Edward Davis — University of Chicago
William J. Dieckman — University of Chicago
Earl T. Engle — Columbia University, New York
Frederick H. Falls — University of Illinois
Charles Edwin Galloway — Northwestern University
E. C. Hamblen — Div. of Endocrinology, Dept. of Obstetrics, Duke University
John W. Harris — University of Wisconsin
H. Close Hesseltine — University of Chicago
Robert S. Hotchkiss — New York University
Louis R. Limarzi — University of Illinois
Armand J. Mauzey — University of Illinois
Carl R. Moore — University of Chicago
Warren O. Nelson — State University of Iowa
John Rock — Harvard University
Herbert E. Schmitz — Loyola University, Chicago
Fred A. Simmons — Harvard University
Franklin F. Snyder — Boston Lying-In Hospital, Boston
Henry H. Turner — University of Tennessee
J. Robert Willson — Temple University
John R. Wolff — University of Illinois

Each course is limited to one hundred and the tuition fee for each week is $50.00. The work will be given at Thorne Hall, Lake Shore Drive and Superior Street, on the campus of Northwestern University Medical School.

Those interested in attending one or both courses may secure additional information by writing Doctor Willard O. Thompson, Chairman, Committee on Postgraduate Medical Education, Chicago Medical Society, 30 North Michigan Avenue, Chicago 2, Illinois.

BLOOD BANK ASS'N TO MEET IN SEATTLE

The Second Annual Meeting of the American Association of Blood Banks will convene in Seattle, Washington, at the Olympic Hotel November 3, 4, 5, 1949. An excellent program is being arranged which will be of interest to both scientific and administrative personnel of blood banks and hospitals. For further information contact the Office of the Secretary, 3301 Junius Street, Dallas 1, Texas.

I.C.S. TO MEET IN ATLANTIC CITY

The International College of Surgeons, United States Chapter, will hold its fourteenth Annual Assembly and Convocation in Atlantic City, New Jersey, November 7, 8, 9, 10, 11, 12, 1949.

Arnold S. Jackson, M.D., Secretary of the United States Chapter, has reported that over 500 surgeons will be received as Associates and Fellows of the International College at the Convocation.

All doctors of medicine interested in surgery and its advancement are invited to attend, and can obtain a program upon request to Arnold S. Jackson, M.D., Secretary, Jackson Clinic, Madison 4, Wisconsin. For hotel reservations, contact E. D. Parrish, Haddon Hall, Atlantic City, New Jersey.

MISSISSIPPI VALLEY MEDICAL SOCIETY MEETS AT ST. LOUIS

The 14th Annual Meeting, Mississippi Valley Medical Society, will be held at the Jefferson Hotel, St. Louis, Sept. 28, 29, 30, under the Presidency of Dr. Alphonse McMahon, Associate Prof. of Medicine, St. Louis University. Clinical teachers from the leading medical schools will conduct this post-graduate assembly whose program is planned to appeal to general practitioners.

No registration fee will be charged and every ethical physician is cordially invited to attend. The American Medical Writers' Ass'n. will hold their annual meeting at the hotel on Sept. 28 and the Missouri Chapter of the American Academy of General Practice on Sept. 30. Programs of all the meetings may be obtained from Harold Swanberg, M.D., Secretary, M.V.M.S. and A.M.W.A., 209-224 W. C. U. Bldg., Quincy, Ill.

THE AMERICAN CONGRESS OF PHYSICAL MEDICINE

Will hold its twenty-seventh annual scientific and clinical session Sept. 6, 7, 8, 9 and 10, 1949 inclusive, at the Netherland Plaza Hotel, Cincinnati, Ohio. Scientific and clinical sessions will be given on the days of Sept. 6, 7, 8, 9 and 10, 1949. All sessions will be open to members of the medical profession in good standing with the American Medical Association. In addition to the scientific sessions, the annual instruction courses will be held Sept. 6, 7, 8 and 9. These courses will be offered in two groups. One set of ten lectures will consist of basic subjects and attendance will be limited to physicians. One set of ten lectures will be more general in character and will be open to physicians as well as to physical therapy technicians who are registered with the American Registry of Physical Therapy Technicians. Full information may be obtained by writing to the American Congress of Physical Medicine, 30 North Michigan Avenue, Chicago 2, Illinois.

The 1949 Annual Meeting

PALMER HOUSE, CHICAGO
MAY 16, 17, 18

With a total registration of 3607, the 1949 Annual Meeting was one of the most successful in the Society's history. General Assemblies and Section meetings were well attended, and for the second year three full days of motion pictures were presented under the direction of Coye C. Mason.

The 1950 Annual Meeting will be held in Springfield, the first to be held outside Chicago since 1942.



(Above) Harry M. Hedge, President-Elect, has just escorted Walter Stevenson, new President, to the platform to receive congratulations from Percy E. Hopkins, retiring President.



(Right) M. M. Hoeltgen and Walter C. Bornemeir who served as Chairman and Vice-Chairman of the Committee on Arrangements for the Annual Meeting. The latter was elected to the Council as a representative from the 3rd District.



(Left) Edward L. Turner, Dean and Professor of Medicine, University of Washington, Seattle, Washington, who delivered the Oration in Medicine. His subject was "A Dean Looks at Medical Education and Practice."

Dinners Luncheons





(Above) Irving H. Neece, who served as Toastmaster for the Annual Dinner, and William Alan Richardson, Editor of *Medical Economics*, principal speaker for the evening. He told of medicine in Great Britain and the problems besetting doctors here.





(Above—right) Miss Margaret Malaney, Mrs. Robert S. Berghaff, Robert S. Berghaff at the Annual Dinner. Miss Malaney has handled secretarial duties for scores of Society meetings and programs.

(Below) Mrs. Robert E. Dunlevy, Pekin, Mrs. A. T. Kwedar, Springfield, and Mrs. George Carlin, Joliet, at the Woman's Auxiliary Luncheon.



(Above) At the Woman's Auxiliary luncheon honoring Past Presidents of the organization our photographer caught Mrs. C. E. Sibilsky, Peoria, President-Elect, Mrs. E. M. Egan, Chicago, President, and Mrs. L. N. Hamm, Lincoln, retiring President in a happy mood.



(Right) Mrs. Warren Young and Mrs. Nicholas Dykstra, both of Chicago, at Auxiliary meeting in the LaSalle Hotel.

THE BEER PARTY



he Beer Party (known formally as The ellowship Hour) was off to a good start vith the arrival of the Barbershop Quartet. hey proved wonderful entertainers and he interest was heightened by the fact hot the leader in the top hat was none ther than Wade C. Harker, a member of ur Council.





(Above) General view of the party. (Left) C. K. Jones, Chicago, congratulates Albert Mickow, Chicago, on the success of the affair. This was the second year that the latter had charge, and everyone voted it the best yet. Dr. Mickow also served as Chairman of the Reception Committee.



(Left) E. B. Montgomery of Quincy can look back on more years of practice than any other Illinois physician. He has chalked up more than 71 years of service and is still active in his community. Mather Pfeiffenberger, Alton, is asking how he does it.

THE SCIENTIFIC EXHIBITS



average visitor doesn't see the ling activity when the exhibits set up the day before the open- Above, B. M. Gazul, E. H. Fell, s Popper, Maurice Lev, Wm. relis, J. A. Campbell, C. B. Davis Raul Casus, and Hans Hartenstein assembling "The Congenital rt In Clinical Medicine." The ex- was awarded a Bronze Medal.



David M. Cohen and Milton Goldin take time out from setting up their exhibit "Superficial Fungus Infections — Methods of Diagnosis" to talk to Coye C. Mason (right) who, as Chairman of Scientific Exhibits, directed the big task.

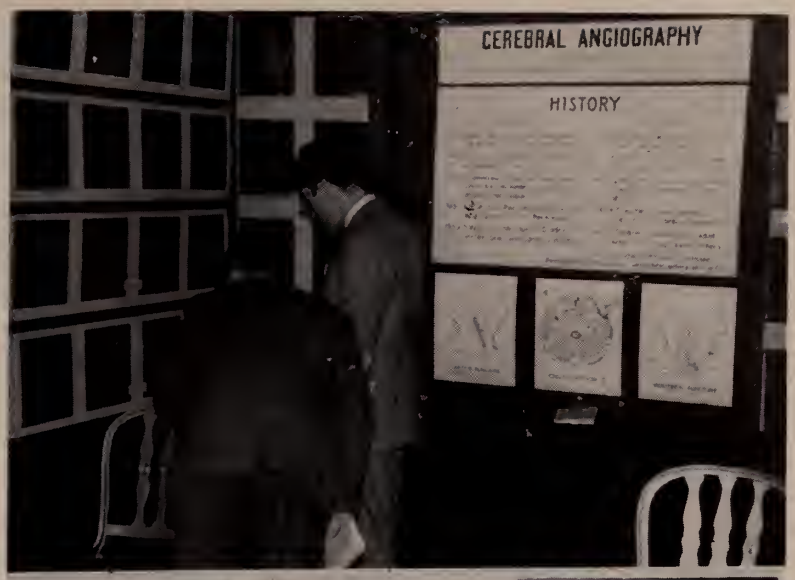


"The Dermatological Album" prepared by David B. Omens and Harold D. Omens of the Rush Medical College, Division of the University of Illinois was winner of a Silver Medal in the Teaching Division. The exhibits were conveniently arranged and very well lighted. The quality of the work made judging extremely difficult.

(Below) Samuel J. Zakon of Northwestern University Medical School directs the assembly of "The Physician's Creed — *Religio Medici*." He was given a Bronze Medal for his work.

(Below) D. E. Clark, R. H. Moe, and E. E. Adams of the University of Chicago are setting up the exhibit "Radioactive Iodine — Its Use in Diagnosis and Therapy," a winner of a Bronze Medal.

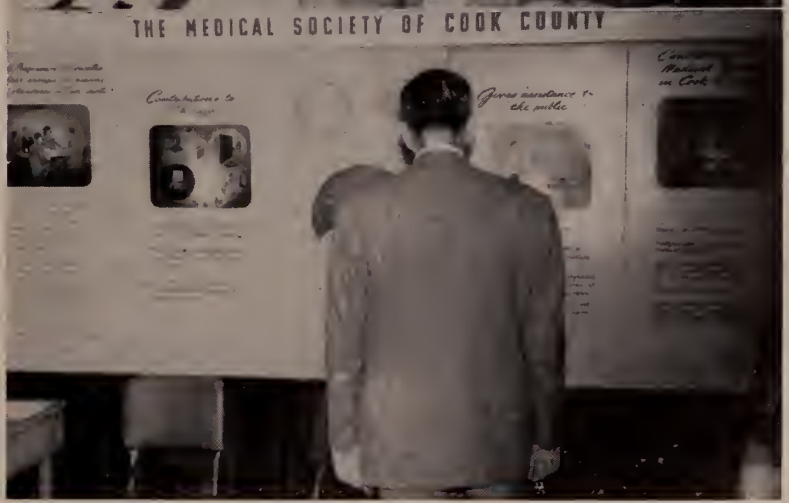




"Cerebral Angiography" exhibited by Oscar Sugar of the Department of Neurology and Neurosurgery, University of Illinois, College of Medicine was awarded the Gold Medal for Original Work.



Our own Society had two exhibits. This one was prepared by the Committee on Medical History, James H. Hutton, Chairman. The old photos, case books, and other data were of real interest and served to focus attention on the valuable work this committee is performing.



The exhibit of the Chicago Medical Society outlined the many public services the physician performs. That's Frank Deneen of Bloomington giving it deserved attention.

ORIGINAL ARTICLES



Allergic Retrobulbar Neuritis

Thomas D. Allen, M.D. and Otto F. Seidelmann, M.D.
Chicago

In recent years the trend of the ophthalmologist to associate allergy and ocular diseases has become of increasing significance. Many writers have cited various cases they have seen in which the removal of the allergic factor resulted in cessation of the disease. Many of us have seen the allergic manifestations of penicillin eye drops and of other ocular medication. We have seen a case (D-5167) in our office of a young man who has had periodic headaches, nausea, and marked ocular discomfort. After ophthamological examination showed no significant findings a series of allergy tests were made and it was found this patient was sensitive to eggs. He stopped eating eggs, per se, and all his symptoms subsided.

Although allergy seems to be a recently studied etiological factor in ocular diseases the possibility of allergic reactions occurring in the eye was first demonstrated by Nicolle and Abt (1908), who found that if animals were sensitized by an intraperitoneal injection of serum, subsequent intraocular injection of the serum produced a violent local inflammation. In 1909 Sattler found that if the preliminary injection were made into the eye, a slight reaction followed, while re-injection at a later date produced a peculiar violent response. Wessely in 1911 supplemented these classical experiments and showed that if an intra-corneal injection of protein were made and the subsequent traumatic chemical keratitis produced by the injection were allowed to subside, a later injection of the cornea of the other eye produced a violent interstitial keratitis in the orginally injected eye, clinically and pathologically identical with that due to syphilis. In 1910 Krusuis, 1911 Kummel, 1913 Dodd and Rados, 1914 Fuchs and Meller and others proved conclusively that the tissue of the eye can readily be sensitized both locally or as a part of a general sensitization, and that they are capable of violent allergic responses. In 1929-1930 Seegal and Seegal showed that desensitization could be achieved by repeated intravenous injections of the antigen. The same considerations are applied to bacterial products.

Presented before Section on Eye, Ear, Nose and Throat, Ill. State Med. Soc., 107th Annual Meeting, Chicago, May 12-14, 1947.

Duggan in 1946 states that, "allergy of the eye is, of necessity, a subdivision of allergy of the body as a whole." In 1941 Bothman stated that, "in the allergic attack an antigen-antibody reaction occurs and frees a histamine-like substance which leads to capillary dilatation, increased permeability of vessel walls and an exudation of serum which contains toxic substances." It would therefore seem that any anti-histamine substance would be indicated to relieve the allergic reaction, because histamine, a chemical substance of known composition, has a pronounced effect on capillary endothelium and smooth muscle which is demonstrated in the allergic attack.

This discussion will be a preliminary report of a case history of retrobulbar neuritis due to allergy. As is known from our text books, the alleged causes of retrobulbar neuritis include allergy, focal infection, pregnancy, lactation, endocrine disorders, and more commonly, multiple sclerosis. Carrol in 1940 stated that "when a cure has been discovered for multiple sclerosis, a cure will have been found for retrobulbar neuritis in many cases." And vice versa, the same could hold true that if a cure for retrobulbar neuritis is found, a cure for some cases of multiple sclerosis may be found.

We are all familiar with the clinical findings and symptomatology of the types of retrobulbar neuritis. It might be well to review briefly these types which are divided into an acute, so-called symptomatic form and a chronic, idiopathic form. The latter is the condition which we have attributed to a primary optic nerve retinal lesion. This chronic form of the disease is rare and is more frequently bilateral. It is slow in onset, may persist for many months, and as a rule, has a more serious prognosis in that marked visual deterioration is more commonly permanent.

In Duggan's paper, November 1946, he reviews several cases of retrobulbar neuritis reported by various writers in which the etiological factors varied from a post-partum episode to the patient running about 1/5 of a mile. All these cases seemed to respond to vasodilator therapy and showed markedly improved vision. The report of this case history will show that at no time did the patient have any marked subnormal vision.

Case history: (D-1917) Mrs. R. W., age 63, was first seen in 1939. Her only complaint at that time was a slight fogginess of vision, more in the left eye than in the right, associated with difficulty in keeping her eyes focused on her sewing. One year prior to this she said she had had arthritis which was "cured" after she had a "bad tooth" extracted. Ophthalmic examinations at this time revealed a visual acuity of 20/20 in each eye, normal external examination, round pupils which reacted sluggishly to light and in accommodation, fine floating vitreous opacities in the right eye with coarser vitreous opacities in the left, and normal fundi. The refractive error was a low compound hyperopic astigmatism with presbyopia, and spectacles were ordered.

Patient was next seen in March, 1940 at which time she complained of some discomfort in the left eye, which she described as a pulling and twitching sensation in the lower left lid. Ophthalmic examination did not reveal any new findings and a slight change in her glasses was made.

In November, 1942, she complained that her "eyes smart and ache after about ½ hours of sewing." At irregular intervals during the past 4 to 5 days she had had a sharp pain in the left eye which increased with movement, or pressure, upon the left eyeball. Associated with this was a marked soreness of the left side of the scalp which was so bad at times she couldn't brush her hair. Now the discomfort and stiffness in the lower lid and inner canthal region was almost constant. At this time she admitted getting "hives" from strawberries and tomatoes. She had a complete otolaryngological examination, dental, including x-rays of all teeth, complete physical, and a series of allergy tests. All findings were normal except for positive allergy reaction to strawberries and tomatoes. Ophthalmological findings at this time were also normal. Patient was placed on vitamin B therapy and a proper diet was prescribed.

Following this, she was seen on several routine visits from 1942 until January 1947, at which time she came to the office complaining of a severe pain in the left eyeball, which increased on rotation of the eyeball and on pressure upon it, with marked soreness of the left side of the scalp. Her vision was very blurred and she had the feeling that her left lower lid was turned out. Uncorrected visual acuity at this time was 20/50 in the right eye and 20/70 in the left, correctable to 20/30 in each eye. Media and fundus findings remained unchanged from previous examinations and central fields taken were negative. Since the patient was very tired and uncomfortable during the examination, it was thought best to have her return at a later date, to repeat the central field studies.

She returned to the office on February 3, 1947. Her visual acuity was found to be correctable in each eye to 20/20 and the patient seemed to be quite comfortable, although the pain in the left eyeball was still present. The media and fundi remained unchanged, but the central fields showed a paracentral relative scotoma for colors. (Figure 1.) At this time a displacement treatment of the posterior nares was done and a few tiny particles of pus were placed on a slide

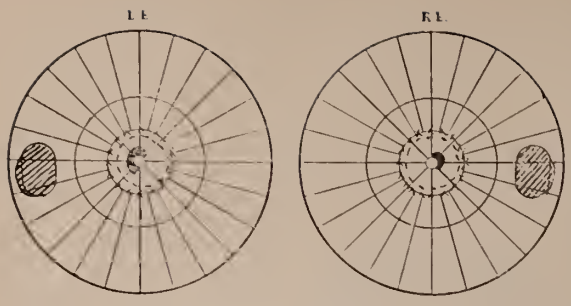


Figure 1. Target — XXX — Red, — — — Green, Size 5 mm., Distance 2000 mm.

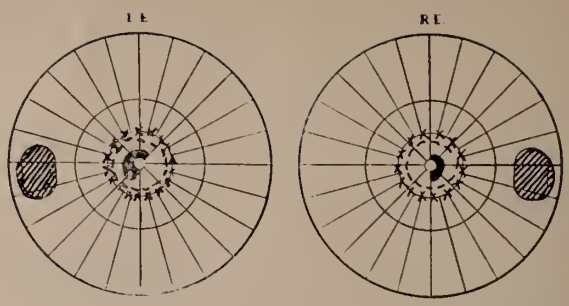


Figure. 2. Target — XXX — Red, — — — Green, Size 5 mm., Distance 2000 mm.

to stain for eosinophils. Many eosinophils were found in the smear. The patient was placed on pyribenzamine therapy (100 mg. per day) and proper diet, and told to return in one month.

On March 6, 1947, she returned and said she had had a severe headache and stabbing pain in the left eyeball at 3:00 A.M. which was so severe it had awakened her during her sleep. She took 10 gr. of aspirin and 50 mg. of pyribenzamine at that time and in one hour was able to return to sleep.

A review of her symptoms since the last visit revealed she had been seen by an allergist who found that in addition to strawberries and tomatoes there was a positive reaction to bananas, camel and cat's hair. She also stated that shortly after taking a pyribenzamine tablet her vision seemed to be sharpened. Since she has been under pyribenzamine therapy she has had only the above mentioned episode of headache and the one attack of left eyeball pain.

On April 10, 1947, there was a repetition of all the previous complaints of headache, pain in the left globe, etc. It was very discouraging to hear this and a further investigation into the patient's activities since the last visit was made. It was found that the patient was being seen by an allergist since her last visit; he had stopped the pyribenzamine therapy because he felt it would interfere with the allergy tests. The allergist now found the patient gave a three plus reaction to staphylococcus.

Visual acuity at this visit was correctable to 20/25 in each eye and the media and fundi remained unchanged. Peripheral fields were normal, but repeat central fields revealed a relative paracentral scotoma for red and green in the right eye. The left eye showed an absolute paracentral scotoma for red, and a relative scotoma for green. (Figure 2.)

She was instructed as to the importance of her diet, avoidance of her allergens, and continuation of the pyribenzamine therapy.

On April 28, 1947 she was extremely happy about her general condition and was especially emphatic about the clearness in her vision. She no longer experienced the pain in her left eyeball and was free of any discomfort in the left side of her head. Repeated central fields now revealed a very small paracentral scotoma for red only. (Figure 3.) There were no other findings.

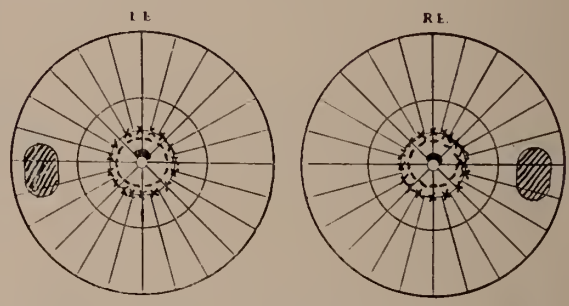


Figure 3. Target — XXX — Red, — — — Green, Size 5 mm., Distance 2000 mm.

SUMMARY AND COMMENT

A case report was presented of a patient with retrobulbar neuritis, manifested by the findings of relative and absolute paracentral scotomas for colors. Because of the history, allergy was suspected and a series of allergy tests were done. The patient was found to be sensitive to tomatoes, strawberries, bananas, camel's hair, cat's hair, and staphylococcus. On a regime of avoiding her allergens and maintaining pyribenzamine therapy, there was a marked subjective improvement in her ocular symptoms with a gradual diminution of the paracentral scotomas. It was also demonstrated that for a period while the patient was undergoing a series of allergy tests, pyribenzamine was discontinued, and there was an exacerbation of the ocular symptoms and findings.

We feel, as other writers do, that we do not have a highly allergic patient, with retrobulbar neuritis, but that we have a patient with retrobulbar neuritis in which allergy plays a definite role in the etiology.

We will continue to investigate this case further, and a subsequent report will be submitted at a later date.

REFERENCES

1. Bothman, L. — "Clinical Manifestations of Allergy in Ophthalmology." "Year Book of Eye, Ear, Nose and Throat" — (Chicago) (The Year Book Pub. Inc. 1941) p.p. 7-58.
2. Bothman, L. — "Allergic Iritis" — Year Book of E.E.N.T. (Chicago — The Year Book, publ. in 1945) pp. 7-19.
3. Duggan, W. F. — "Vascular Basis of Allergy of the Eye and its Adnexia." Archives of Ophthalmology — Nov. 1946 — pp. 551-611.
4. Carroll, F. D. — "Nutritional Retrobulbar Neuritis" — American Journal of Ophthalmology. Feb. 1947 — pp. 172-176.
5. Whitbourne, D. — "Nutritional Retrobulbar Neuritis in Children" — American Journal of Ophthalmology — Feb. 1947 — pp. 169-171.

DISCUSSION 1

Dr. Louis Bothman, Chicago: I was pleased to hear this paper because retrobulbar neuritis is the least common of all allergic diseases of the eye and its adnexia. Optic neuritis is seen much more frequently. In fact, the same patient may show retrobulbar involvement in one attack and optic neuritis in another. Such a case was the one reported before this section in 1941 by Drs. Hayden and Cushman (Ill. Med. Jour. 80: Dec. 1941). We have seen two such cases and only one of retrobulbar neuritis *per se*.

The allergic type must be differentiated most frequently from alcoholic and diabetic neuritis and multiple sclerosis. The alcoholic and diabetic types are most often bilateral, although we have seen unilateral cases. So-called multiple sclerosis is not uncommon and we believe that many cases so diagnosed are really due to allergies. We have seen several cases of external rectus paresis and paralysis, with and without optic nerve involvement, which cleared up and remained quiet for more than ten years. These are definitely not multiple sclerosis, which is a degenerative disease ending in bitemporal or even complete optic atrophy.

Another condition which may easily be confused with retrobulbar neuritis is angiospastic central retinitis and macular edema without hemorrhages. In these cases there is usually only a relative scotoma and if the macula is studied with the binocular ophthalmoscope the retinal changes may be seen.

Transient retrobulbar neuritis may accompany attacks of migraine. Many cases clear very quickly, others persist for hours or days.

Good results from treatment of allergic attacks are often disappointing, and treatment must be prolonged. It consists of avoidance of exposure to known allergens and desensitization when this is not possible. The authors were fortunate in getting a quick response in their case.

I have been interested in allergies of the eye for the past fifteen years. My interest was aroused chiefly because there appeared to be no explanation for recurrent attacks of iritis after all foci of infection had been removed, and because of the seasonal incidence of the attacks. These cases were either due to allergies or occurred in highly allergic patients. We believe they were due to allergy because we have since gathered quite a number of cases which point in that direction.

We are all familiar with drug allergies, the most common of which is atropine dermatitis and conjunctivitis. We can all recall cases of severe and persistent conjunctivitis which were diagnosed and treated as trachoma, but which never developed pannus; some of the more servere cases showed a few corneal infiltrates, but never a pannus. We have all seen phlyctenular keratitis in young adults who showed a negative response to tuberculin tests and to physical examination. Because some of these ocurred in patients with known allergies, we had them studied and found that under proper dietary management and desensitization, the attacks were decreased and a few ceased entirely.

We reasoned that, if allergens could cause conjunctivitis and keratitis, they could cause other eye involvement and in cases where all other methods failed to disclose an etiology, we had these patients tested by an allergist; we found many of them highly allergic.

There is apparently no structure of the eye or its nervous pathways immune to allergic attacks. Time does not permit a dissertation on the subject. We must be satisfied at this time to urge you, when confronted with an inflammatory lesion of the eye for which no etiologic factor can be discovered by painstaking physical and laboratory examination, to study the patient from the allergic point of view. Your efforts will often be rewarded. Osler has said — "Know syphilis and you know medicine." I should like to paraphrase this by saying — "Recognize the allergic nature of eye disease and you will know ophthalmology."

DISCUSSION 2

Dr. Thomas D. Allen, Chicago: I think this paper speaks for itself, and I want to congratulate Dr. Seidelmann for working it up in such a complete manner.

DISCUSSION 3

Dr. Otto F. Seidelmann, Chicago (closing): I should like to thank Dr. Bothman for his instructional discussion of this paper. Because pyribenzamine is one of the latest antihistaminic drugs which shows less side reactions, we chose to use it in this given case. Dr. Bothman stated that "the recovery period on our patient was quite rapid," but whether pyribenzamine alone, or the abstinence of the patient from her allergens, produced the rapid improvement is a problem still to be investigated. We feel certain that in the future allergy will be found as a frequent etiological factor in retrobulbar neuritis.

The Surgical Aspects of Diverticulosis and Diverticulitis

John L. Keeley, M.D.
Chicago

It is commonly known that diverticulosis may involve any portion of the gastro-intestinal tract but this presentation concerns only diverticulosis and diverticulitis and its complications in the large bowel.

Diverticulosis, the presence of sac-like out pouchings of the colon, has its highest incidence after the age of forty although Bearse[1] has reported a series of patients with diverticulosis in their twenties and one was age twelve. The incidence is estimated at 5 per cent based on autopsy figures[2] whereas from 3 to 10 per cent of patients examined by barium enema show diverticulosis[3, 4]. The distribution of these diverticulae is of some significance because it explains the preponderance of left sided abdominal symptoms due to diverticulitis and its complications. Thus in a large series, the sigmoid alone was involved in 56 per cent and the sigmoid and the descending colon were involved in 23 per cent[5]. Thus in 79 per cent of patients having diverticulae, they were located in either the sigmoid or the sigmoid and descending colon, and in the remaining 21 per cent the diverticulae were in the left half of the colon in 9.4 per cent, the entire colon in 8.3 per cent, the flexures, cecum and ascending colon and the transverse colon in from 1 to .6 per cent. (See Table 1)

In the diagnosis of uncomplicated diverticulosis, sigmoidoscopy has proven to be of little aid, 14.5 per cent in a large series of cases being a high incidence of positive findings[6]. It is possible to see the opening into a diverticulum through the sigmoidoscope although this was noted by Willard and Bockus[7] in only one instance over a ten year period. In the majority of uncomplicated cases no abnormality is found in this type of examination.

The mere presence of diverticulae of the colon, diverticulosis, is ordinarily unassociated with symptoms. However, patients with diverticulae in whom no clear-cut episodes of complications have been noted may complain of diarrhea, constipation, pain or distress, or flatulance[4, 7]. The question arises whether these are symptoms of diverticulosis or whether there has been some complicating factor such as inflammation of a mild degree. Analysis of these symptoms may be somewhat difficult because many times the exact meaning of these complaints varies considerably from one patient to another.

The detection of diverticulae, however, as an incidental finding in routine examination is of value. Many times in a patient with some acute abdominal disturbance, the diagnosis might prove to be puzzling if it were not known that previous x-ray studies had shown the presence of diverticulae and raised the question of diverticulitis or some complication thereof.

DIVERTICULITIS WITH SPASM

Diverticulitis with spasm is undoubtedly the most common complication of diverticulosis. Diverticulitis with spasm attacks 10 to 20 per cent of patients with diverticulosis[8]. Males are effected twice as frequently as females[9], the attacks occur in the middle age or older group, and characteristically in corpulent individuals with sedentary habits. The onset is rather sudden but not as sudden as the onset of symptoms in patients with ruptured peptic ulcer. The pain is of crampy nature and is located in the lower portion of the abdomen. There may be loose stools followed by constipation, distention, nausea and vomiting. Signs of inflammation are present in the left lower quadrant and/or in the suprapubic area. There is moderate to marked tenderness with some local muscle guard. Peri-

From the Department of Surgery, Stritch School of Medicine, Loyola University, Division of Surgery, Mercy Hospital.

Presented before the annual meeting, Illinois State Medical Society, May 10-12, 1948.

TABLE 1

Distribution of Dicerticulae Based on Figures of Brown and Marcley (5)

Sigmoid alone	56%	79%
Sigmoid & Desc. Colon	23%	
Left half	9.4%	21%
Entire colon	8.3%	
Flexures	1 %	
Caecum & Asc. Colon	1 %	
Transverse	.6%	

staltic sounds are usually present and upon rectal examination very frequently one finds tenderness in the midline or to the left. Fever usually occurs. A level of 101°F. to 102°F. may be reached. Leukocytosis may vary from 9,000 to 18,000. So frequently are the findings to the left and so closely do they resemble, except for the acuteness of the onset, an attack of appendicitis that this disturbance is often called "left-sided appendicitis."

The treatment of diverticulitis with spasm includes measures to decrease spasm and to discourage peristalsis. Bed rest, heat to the abdomen, fluids intravenously or in the form of a liquid diet, and analgesics or antispasmodics are in order. Because one never knows how severe the infection is going to be in these cases, it is well to institute some plan of chemotherapy and antibiotics. These measures may be discontinued when they are no longer needed. Diverticulitis with spasm runs a rather characterisic course and subsides in three to four days. The recovery is often associated with the passage of flatus and loose stools, a drop in white blood count and subsidence of the fever. (See Figure 1).

COMPLICATIONS OF DIVERTICULITIS

The complications of diverticulitis occur in 15 to 25 per cent of the patients with inflammatory changes with diverticulae. The more common complications include perforation, sinus or fistula formation and obstruction. Rarely is there association with other diseases such as actinomycosis, tuberculosis, and carcinoma. Less common complications are pylephlebitis where the inflamed diverticulae has subsequently infected radicals of the portal system and carried infectious emboli to the liver. An inflamed

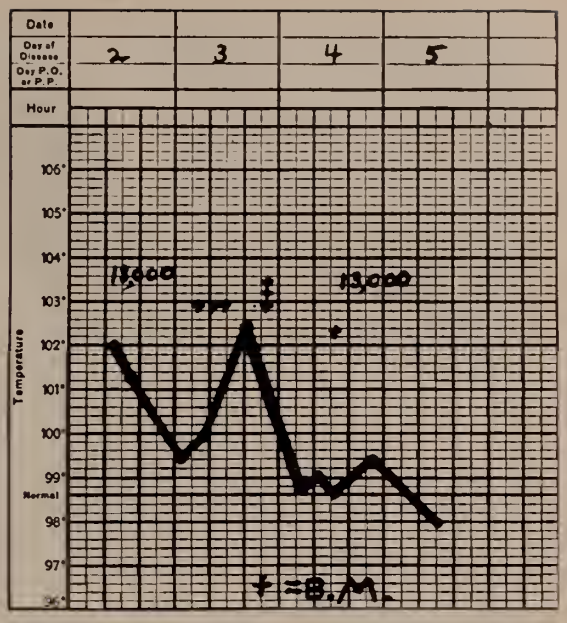


Figure 1.—This chart shows the range of fever and leukocytosis and number of bowel movements accompanying the subsidence of acute diverticulitis in an illustrative case.

diverticula may constitute a focus of chronic sepsis so that a search for such basis of chronic infection should include a study of the colon. Diverticulitis is associated with carcinoma in from 1.5 to 8 per cent of cases[8] but there is no substantial evidence to show that the carcinoma is a result of the diverticulitis. It is generally regarded as a coincidental process.

PERFORATION OF A DIVERTICULUM

The perforation of one or more diverticuli is usually preceded by peridiverticulitis and the formation of limiting adhesions composed of coagulated exudate from the inflamed serous surfaces. This usually results in the formation of a local inflammatory process which may be absorbed or it may lead to an abscess which may likewise undergo absorption. (Figure 2) If the abscess persists, it may drain spontaneously into another structure leading to the formation of a fistula, or it may constitute an abdominal abscess which necessitates draining. When the abscess is incised and drainage through the skin is provided, it is similar to the incision and drainage of a perinal abscess in that the stage is set for fistula formation. Rarely is there free spontaneous perforation into an unprepared peritoneal cavity. Hayden[3] reports it in 3 of 140 cases of diverticulitis. If this should occur, there is the clinical picture of a prostrating



Figure 2a.—Barium enema administered on the tenth day of illness followed left lower quadrant symptoms. Barium has passed through the perforated diverticulum into a paracolonic abscess cavity. Patient treated conservatively.



Figure 2b.—Barium enema administered eight months later. Perforation sealed off at level of bowel wall. Diverticuli still present.

abdominal disaster characterized by the abdominal findings of a severe inflammatory reaction, pneumoperitoneum and the signs and symptoms of a spreading peritonitis. The management of a peridiverticular abscess is quite similar to that of an appendiceal abscess, namely, that conservative measures should be employed until continued spiking fever, leukocytosis, and local signs of inflammation indicate that the abscess is not being absorbed or subsiding. In that event, drainage to the outside is indicated and as a rule, nothing else should be done at this time. It is well to point out that when an abscess of this kind is drained, just as in the drainage of an appendiceal abscess, a search should be made for fecaliths which may have started the inflammation by ulceration of the mucosa of the diverticulum and, upon perforation of the diverticulum, escaped into the surrounding area. If these fecaliths are not removed at operation or extruded later, a chronic draining sinus may persist from this cause alone.

FISTULA FORMATION

With the incision of a peridiverticular abscess or its spontaneous perforation through the skin, a cutaneous fistula results. As a general rule, this involves the abdominal wall, whether it is incised and drained, or drains spontaneously, but a fistula into other areas is not uncommon. Thus an inflamed diverticula may become adherent to the bladder and lead to formation of a vesico-enteric fistula. This is five times as common in males as in females because the broad ligament and the uterus form a barrier between the colon and the bladder[11]. Fistula formation involving the rectum (sigmoid-rectal fistula), the urethra (urethra-colic fistula), and the vagina (recto-vaginal fistula) are rather uncommon. The retro-peritoneal perforation of an inflamed diverticula or a peridiverticular abscess may lead to a condition simulating perinephric or psoas abscess or even urinary extravasation. Occasionally, chronic draining sinuses in the perineum or overlying the lower portions of the spine may lead to the erroneous diagnosis of ano-rectal fistula or pilonidal sinus[11].

DIVERTICULITIS WITH OBSTRUCTION

The obstruction associated with diverticulitis may involve the site of the diverticulitis, that is in the colon, or it may involve the small bowel

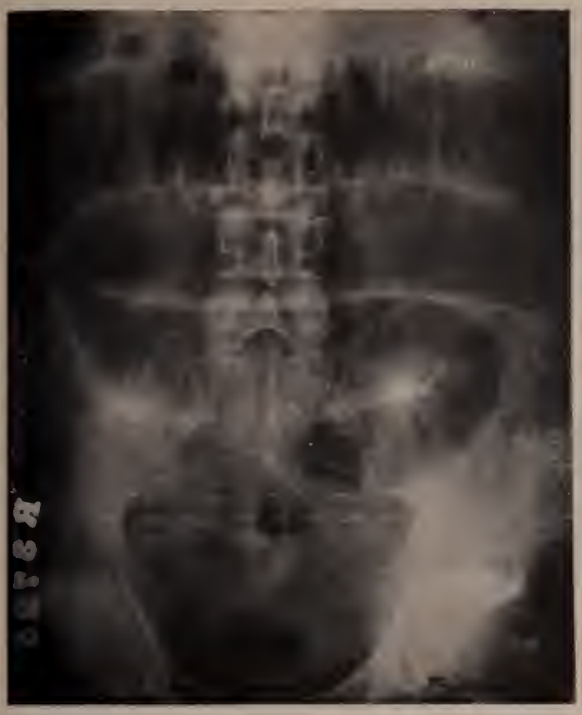


Figure 3a.—Flat film of the abdomen showing small bowel obstruction secondary to acute diverticulitis. The patient was treated conservatively. The small bowel was deflated by a Miller-Abbott tube.

secondarily. It must be remembered that the causes of obstruction in association with diverticulitis may be simply spasm of the involved portion of the bowel, the sudden increase in the amount of edema in the inflamed area, the presence of a residual inflammatory mass after the acute process subsides or the deposition of sufficient scar tissue which if followed by contraction may cause an unrelenting obstruction. The involvement of the small bowel may be secondary to adhesions of the serosal surface of the small bowel to the inflamed diverticula or to the abscess wall (Figure 3). In any event, the obstruction due to diverticulitis in the acute stage should be treated by conservative measures because the edema and swelling will decrease as the inflammatory process subsides. After the acute inflammatory process subsides, reevaluation of the situation is in order and time is available for satisfactory preparation of the patient for whatever surgery may be indicated.

SURGICAL PROCEDURES IN THE MANAGEMENT OF THE COMPLICATIONS OF DIVERTICULITIS

Closure of a perforated diverticulum is not commonly done. As a rule, the bowel wall adjacent to an inflamed diverticulum is thickened, hyperemic, edematous, friable and does not hold sutures well. Should a perforation of this kind be disclosed at operation, simple drainage in order to carry any contamination to the outside or to promote the formation of a fistula which may subsequently heal, is to be recommended. Occasionally, the involved portion of the bowel may be exteriorized. This is most often feasible in the sigmoid where the mesosigmoid may permit exteriorization without an extensive operative procedure or extensive dissection exposing uncontaminated retro-peritoneal spaces to infection. The decision to exteriorize the bowel, furthermore, may be predicated upon the possibility of ultimate resection of the colon as judged by the amount of inflammatory reaction, the presence of chronic inflammation, scar tissue, etc. The incision and drainage of an abscess has been dealt with earlier in this paper.

The closure of fistulae is often quite difficult. The procedure of dissecting out a fistulus tract to its connection to the large bowel, excising the tract and closing over the fistula primarily, is usually not successful. It was successful in one personal case, prepared with sulfaguanidine, soon after that drug became available. The sinus tract was followed down among loops of small bowel to its connection to the colon and there a closure was possible because the inflammatory reaction of the surrounding colon wall had largely subsided. In addition to the closure by a simple Lembert sutures, re-enforcement of this closure by overlapping two adjacent appendices epiploicae was done. Six years have now elapsed without any evidence of recurrence. As a rule, however, this procedure does not hold great promise.

It is often necessary to divert the fecal stream by proximal colostomy in order to permit the fistula to close. Even this is not always succesful because a fecalith lying somewhere along the fistulus tract may act as a foreign body. Another cause for failure of spontaneous closure after colostomy is the amount of scar tissue surrounding the fistulus tract or its connection with the colon. The scar tissue may form a barrier to blood supply adequate to support a healing process which would obliterate the fistula.

A temporary colostomy is of great aid in relieving obstruction which may be transitory (on an inflammatory basis), or in limiting the con-



Figure 3b.—Barium enema shows the narrow portion of the sigmoid, the site of the diverticulitis.

tamination caused by a perforation of a diverticulum in a portion of the bowel not easily exteriorized.

Many times a colostomy is made in the hope that diverting the fecal stream may permit sufficient healing in the involved portion of bowel to warrant subsequent closure with re-establishment of the fecal current thus avoiding resection. If the colostomy is closed sooner than six months to a year, this method offers very little hope of being successful. Furthermore, this closure should be preceded by every type of examination possible to demonstrate that the inflammatory process in the colon has subsided. This includes the estimation of the temperature, the white blood count, the examination by barium enema, and a sigmoidoscopic examination both from below and through the colonic stoma. If no evidence of disease is found after 6 to 12 months of colostomy drainage, closure of the colostomy may be done. This was followed by success in approximately one third of the cases reported by Pemberton[9].

In a small number of cases recurrent perforation or abscess formation involving one portion of the bowel, particularly the sigmoid, or the presence of sufficient obstruction, may indicate the resection of the involved portion of bowel. This procedure is becoming less hazardous due to the employment of preoperative and postoperative measures now available such as intestinal decompression, chemotherapy, the use of antibiotics coupled with more skillful anesthesia and free use of such supportive measures as transfusions and other intravenous fluids. The decision to do a resection with a primary anastomosis or to do a two stage procedure must be based on the merits of the individual case. Generally speaking, the risk is less in the exteriorization with secondary closure of the colostomy, but it must be remembered that this plan entails two periods of anesthesia and possible postoperative complications each of which contributes a definite hazard. On the other hand, if the operation is undertaken in younger individuals who are better risks, with proper preparation a low mortality may be obtained. The decision to use a colostomy with the primary resection and anastomosis is based on the presence or absence of obstruction and distention. It is generally conceded that the use of chemotherapy and antibiotics has been the major factor in the decrease in mortality of resection of the colon whether it is due to carcinoma or the inflammatory diseases.

SOLITARY DIVERTICULITIS OF THE CECUM

Solitary diverticulitis of the cecum is a rare condition. Ninety-nine cases have been reported at the present time[12]. Other than the age group it involves, it is indistinguishable from appendicitis. To make the situation more confusing, many of the recent reports show that it occurs in a younger age group than diverticulitis of the other side of the colon so that even the difference in age is not a helpful distinction in many of the cases. Solitary diverticulitis of the cecum

must be considered in patients with signs and symptoms of appendicitis and who have had, according to the history, a previous appendectomy. It must also be considered in those patients who have been operated upon with a diagnosis of acute appendicitis and a normal appendix is disclosed. In addition to a search for Meckel's diverticulum which is often undertaken under these circumstances, inspection and palpation of the cecum and ascending colon should be done to rule out the presence of an inflamed diverticula in these parts of the large bowel.

The treatment of solitary diverticulitis of the cecum is not standardized. It must be determined upon the findings in each instance. Occasionally, resection and closure of the inflamed diverticulum may be done, but this is usually difficult because of the thickening and friability of the adjacent bowel wall. Establishment of a cecostomy seems to be the procedure most often employed and can be done by sewing a catheter into the opening made by resecting the inflamed diverticulum. The cecostomy, of course, would be expected to close spontaneously upon withdrawal of the tube. Resection of the colon may be necessary in those instances where a long continued inflammatory process in a solitary diverticulum has led to the formation of a granulomatous mass. Many times this seeming radical procedure is justified because it is impossible to distinguish between an inflammatory process and a large inflamed, infected or ulcerated carcinoma of the colon. Even if the suspected benign nature of the lesion were proven by frozen section at operation, resection of such a mass would still be in order as it constitutes a mechanical disturbance in the motility of this portion of the gastrointestinal tract and with subsequent contraction it may also lead to obstruction.

SUMMARY AND CONCLUSION

It is recommended that one should think of diverticulitis in all abdominal complaints after age forty. It is well to remember that the indications for emergency surgery are rare and conservative management is almost always indicated. Surgical intervention is reserved for complications. Surgery should be undertaken only after careful study of the patient and his problems, a satisfactory period of observation, and an accurate evaluation of the lesion.

BIBLIOGRAPHY

1. Bearse, Carl: Diverticulosis and Diverticulitis of the Colon in Young People, J.A.M.A., **132**: 371-374, 1946.
2. Mayo, W. J.: Diverticula of the Sigmoid, Ann. Surg., **92**: 739-743, 1930.
3. Hayden, E. P.: Surgical Problems in Diverticulitis, New Eng. J. Med., **222**: 340-343, Feb. 1940.
4. Spriggs, E. I., and Marxer, O. A.: Intestinal Diverticula, Quart. J. Med., **17**: 1-34, 1925.
5. Brown, P. W., and Marcley, D. M., Prognosis of Diverticulitis and Diverticulosis of the Colon, J.A.M.A., **109**: 1328-1332, Oct. 23, 1937.
6. Jackman, R. J.: Diverticula of the Colon. Proctoscopy as an Aid in the Diagnosis and Differential Diagnosis. Transactions of Section on Gastroenterology and Proctology of the A.M.A., June 1942. (Quoted by Bockus, H. L., Gastroenterology, **2**: W. B. Saunders Co., 1946).
7. Williard, J. H., and Bockus, H. L.: Clinical and Therapeutic Status of Cases of Colonic Diverticulae Seen in Office Practice, Am. J. Digest. Dis. and Nutrition, **3**: 580-585, 1936.
8. Abell, Irvin: The Diagnosis and Treatment of Diverticulosis and Diverticulitis, S. G. & O., **60**: 370-377, 1935.
9. Pemberton, John de J., Black, B. Marden, and Maino, Charles R.: Progress in the Surgical Management of Diverticulitis of the Sigmoid Colon, S. G. & O., **85**: 523-534, 1947.
10. Edwards, H. C.: Diverticulitis, Clinical Review, Brit. M. J., **1**: 973-977, June 2, 1934.
11. Jones, T. E.: Diverticulitis and Diverticulosis of Colon, Surg. Clin. N. Am., **19**: 1105-1117, Oct. 1939.
12. Anderson, Leo: Acute Diverticulitis of the Caecum, Surgery, **22**: 479-488, 1947.

Treatment of Infantile Hernia by Ligation

Stanley D. Anderson, M.D. and Calvin P. Midgley, M.D.
Waukegan

Today, as from the days of Celsus, infantile hernia is treated with taping or strapping. Yet the method is not completely satisfactory, for it frequently fails, is long drawn out in time, is difficult to maintain and is often associated with skin reactions. Both the disease and its treatment are of concern to the mother.

A simple and very effective remedy is suggested. This form of treatment has been used for the past one year on 14 cases with excellent results in every case. The infant may be operated any time after the cord is healed and the presence of the hernia is established. The area about the umbilicus is infiltrated with local anesthetic (1% Novacaine) and an elliptical incision along the lines of cleavage of the skin is made below the umbilicus. The incision is carried through the skin to the subcutaneous tissue. The neck of the sac is exposed to its base with blunt dissection (opening and closing and gently advancing a blunt curved forceps). The forceps then is caused to encircle the hernial sac at its base, being brought out again through the wound to grasp and pull through a No. 1 chromic catgut strand. This is used as a ligature about the hernial base. None of the contents of the sac or the epidermis, of course, are to be included. This is assured by ligating it against a blunt instrument which holds the rupture reduced as the ligature is drawn taut. A skin suture may be used or not, as the wound edges tend to fall together.

On the cases so treated the following interesting facts have been noted:

1. The neck of the sac is very tough and almost impossible to puncture with the blunt instrument used, due to the reflection of the rectus sheath upon it.

2. The procedure is not upsetting to the child. Very little change in eating or sleeping habits occurs. Sedation is not necessary. The baby is handled entirely as an outpatient.

3. It is not necessary to open the peritoneal sac as cyst formation does not occur.

4. Non absorbable ligatures are not necessary, as chromic catgut holds long enough for permanent sealing. Occasionally, in using silk a sinus develops. Removal of the ligature, and this is easy in the office, is followed by prompt healing and without recurrence of the hernia.

5. It is not necessary to ligate the absolute base of the hernia if the ligature is sufficiently low to include the rectus sheath reflection.

The following precautions should be taken:

1. Care should be exercised not to include sac contents or skin in the ligature. The sac could be opened after placing the ligature, if in doubt, but this is rarely necessary.

2. Absolute asepsis should be used. The procedure should not be attempted in the office although it is simple and takes but a few minutes.

3. Hemostasis must be assured at the finish. Infants cannot afford to lose much blood.

SUMMARY AND CONCLUSIONS

1. Infantile hernia can be simply, safely, quickly and permanently cured by ligation.

2. A technique of so doing with precautions and results is described.

CASE REPORTS



Malignant Melanoma Virtually Limited To Serous Surfaces

John F. Barnes, M.D. and
Lester S. King, M.D.
Chicago

Malignant melanoma is a relatively infrequent tumor. Friedman and Lederer[1] reporting 5 in 3,332 autopsies or a frequency of 0.13%. One-third of all malignant melanomas occur in the choroid of the eye[2] but more commonly the tumor has its origin in the skin or mucous membranes. Among the less infrequent sites are meninges, ovary, epididymis, and gall-bladder. The older literature divided malignant melanoma into melano-fibrosarcoma, melano-carcinoma, melano-sarcoma, melano-endothelioma and peri-thelioma. The recent literature prefers the term malignant melanoma to include all of the other groupings. The most widely accepted work on pathogenesis is that of Masson[3,4] who demonstrated that nevus and malignant melanoma cells are derived from cells of the peripheral nervous system, especially the tactile-corpuscles of Merkel-Ranvier and the corpuscles of Meisner. This theory has received the support of Laidlow[8] and Ewing[6].

Willis[7] in his text on the Spread of Tumors states that melanotic tumors yield metastases with prolific impartiality in almost all tissues. Ocular melanomas frequently metastasize heavily to the liver[1, 8]. Malignant melanoma arising in skin or mucous membrane may give widespread metastases in kidneys, adrenals, prostate, bladder, uterus, brain, and meninges[9, 10]. Bone is only rarely involved[11].

Unusual metastases of malignant melanoma are reported infrequently in the literature. Gerwood[8] reports a case of generalized melanomatosis arising from a pigmented nevus of the left arm. In addition to metastases to the organs, both pleurae were extensively involved.

From the Pathology Laboratory of the Illinois Masonic Hospital, Chicago, Illinois.



Figure 1. Loop of small intestines, showing tumor nodules studding the mesentery.



Figure 2. Recto-vesical pouch, with marked accumulation of tumor nodules on the peritoneal serosa.

Way and Light[12] report a case of generalized melanosis, with widespread involvement, the primary site being the skin of the back. At autopsy the skin was covered with hundreds of tumor nodules. Nodules also were found beneath the nails of the fingers and toes, in the vagina and labia. In addition, the surface of omentum was affected, as well as the serosa of intestines, the uterus, pericardium, and pleura of the left lung. Organ metastases included both lungs, both kidneys, both suprarenals, mucosa of the appendix and large bowel. The second case reported by Friedman and Lederer[1] in addition to generalized metastasis showed bilateral involvement of the pleura.

Involvement of the serous surfaces in generalized melanomatosis is apparently a rather infrequent occurrence in comparison with organ metastases. The case herein reported is particularly unusual in that the tumor was limited almost exclusively to the serous surfaces.

CASE HISTORY

C. A., a white man, aged 72 was admitted to this hospital April 21, 1947. Three weeks prior to admission, when at work as a checker in a department store, he had a sudden knife-like pain in the left chest, left hypochondrium and epigastrium. In the subsequent three weeks he had been at home under a physician's care, unable to eat solid foods because of nausea and vomiting. He had alternating constipation and diarrhea, with loss of 15 pounds of weight.

On admission, the essential physical findings showed an emaciated male patient with many flat nacvi scattered over the abdomen. There was a crusting of the right ala nasae with slight deformity anteriorly. Decreased breath sounds and flatness were found over the base of the left lung. The abdomen was distended. No palpable masses were noted, but there was tenderness in the left hypochondrium. There was a right indirect inguinal hernia. The right leg and foot was cyanotic up to the lower

one-third of the thigh. X-ray examination on April 21 showed a moderate amount of fluid in the left chest. On April 26, repeat x-ray after thoracocentesis with removal of 1100 cc. of fluid showed no fluid, but atelectasis and an area of fibrosis suggestive of an old pulmonary infarct. Pathological examination of the pleural fluid showed malignant cells, the origin of which could not be determined. X-ray following barium enema revealed some type of low grade obstruction in the sigmoid colon with moderate fecal stasis in the entire colon to the point of narrowing. The RBC was 4,650,000, the WBC was 23,500, sedimentation rate 6 mm. He had relief from chest pain following the thoracocentesis. Abdominal distension was relieved. However, the right leg continued to be cyanotic and it was packed in ice. Before a line of demarcation was established in the thigh, the patient became progressively weaker and on April 29th, 8 days after admission, he expired.

An autopsy was performed 14 hours after death. Only the essential findings relative to the tumor are included in the briefed protocol.

On the skin there were several small pigmented spots 1 - 3 mm. across scattered over the abdomen, all of which appeared grossly benign. In the abdomen the mesentery presented a most remarkable appearance. It was thickened to a depth of 8 - 11 mm. and was composed of a myriad of closely packed nodules 1 - 2 mm. across, of a reddish-brown color, intermingled with a few yellowish tabs. These closely packed nodules resembled the "pile" of a rug. In some portions this tissue was matted together to form confluent masses. The serosal surfaces of the intestines, together with the surfaces of the mesentery, were studded with innumerable small, relatively discrete nodules, of reddish-brown color, 3 - 5 mm. across (Figure 1) with innumerable minute vesicle-like lesions ½ -1 mm. across of pale, translucent, grayish-white appearance. The parietal peritoneum showed numbers of similar masses, especially in the recto-vesical pouch.

Examination of the thorax showed each pleural cavity to contain about 500 cc. of a bloody fluid. The parietal and visceral pleurae were heavily studded with small, reddish-brown nodules. Overlying the 3-4-5-6th ribs near the costo-vertebral angle of the left thorax, was a large mass 10 x 8 x 2 cm. of a dark reddish-brown color, composed of confluent tumor masses, situated within the pleura but not invading bone. They were also scattered over the external surface of the pericardial sac, but none on the inner surface. There were no tumor nodules in or on the heart.

The spleen showed a few scattered dark brown nodules, ½ - 1 mm. across, over the capsule, similar to those on the pleura. No tumor could be seen in the splenic substance. No tumor was found on the capsular surface of the liver. None was seen in the pancreas. There were numerous small, flat, brown tumor nodules scattered over the anterior surface of the stomach, but none in the wall or on the mucosal surface. The duodenum appeared normal. The serosa of the small intestines revealed innumerable tumor masses, 1 - 3 mm. across, at the mesenteric border, and extending with diminishing frequency toward the antimesenteric border. The mesentery was studded with small nodules. The intestinal mucosa appeared everywhere intact, with no evidence of tumor. The metastases were less numerous on the serosa of the large intestine, and much less numerous in its mesentery. The constriction in the sigmoid was caused by a fibrous band passing from the mesentery to the lateral abdominal wall. The adrenals appeared grossly free of tumor, and no trace of tumor could be found in the kidneys. The peritoneum of the recto-vesical pouch was very heavily studded with tumor nodules, which were more or less continuous with a massive tumor infiltration in the region of the right inguinal ring. (Figure 2). The parietal tunic of the testes was relatively thin, but its inner surface was covered with a layer of dark brown chocolate-like material that was faintly nodular and slightly friable, and had some extension along the attachment of visceral and parietal layers. This dark brown material extended upward into the spermatic cord, infiltrating the substance. The testicular substance showed no trace of neoplasm. The epididymis showed on section, dark brown, granular material, occupying most of the bulk, especially at the head. The left testicle was clear, the left epididymis showed a few zones of faintly granular and grayish-brown color, situated in the head.

Microscopic examination of the tumor showed essential uniformity of all of the widespread metastases. The tumor cells were present in

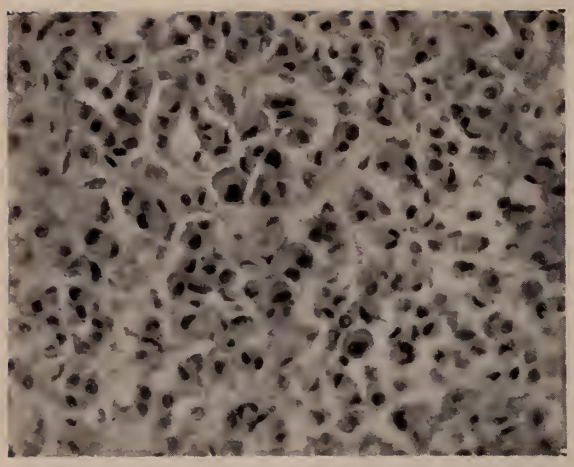


Figure 3. Photomicrograph of characteristic microscopic field. The tumor cells are moderately large and relatively discrete. They tend to show a clustering and pseudo-alveolar grouping. With the filters used, the pigment granules do not stand out, but have been vividly demonstrated with ammoniacal silver impregnation.

small clusters and groups, somewhat separated by delicate circumscribing bands of connective tissue. Individual tumor cells, within these clusters, revealed irregular but pale-staining nuclei, with abundant cytoplasm. Mitotic figures were numerous, and occasional giant nuclei were seen. The cytoplasm, generally compact and clearly defined, was occasionally vacuolated. Very many of the cells contained large amounts of granules, which were poorly refractile, and which gave a negative stain for iron by the Prussian blue reaction but impregnated darkly with ammoniacal silver solution. Some of the tumor nests presented a pseudo-alveolar appearance, but most were solid and compact. (Figure 3)

In addition to the very widespread serosal metastases, a few nodules of tumor tissue were found within parenchymatous organs. In the lung, where the pleural surface was very heavily studded, tumor nests were found a short distance within the underlying lung parenchyma. In addition, further removed from the pleura, some small tumor nests were indentified in peri-bronchial connective tissue, apparently by lymphatic spread from the pleura. In the epididymis, tumor nests were also found within the parenchyma, although with less intensity than on the serosal surface. The only other parenchymatous metastases were noted in the liver, where occasional small microscopic foci were visible on careful examination. None of these foci was more than one-half of a high-power microscopic field in diameter. The remaining parenchymatous organs were entirely free of tumor invasion.

No permission was obtained for examination of the head. At the time of autopsy no primary origin for the tumor was discovered. In subsequent study of the case history, it was learned that the patient had had an operation on his nose for removal of a tumor, at another Chicago hospital. Investigation of this lead revealed that there had been two separate operations, one of which had escaped the patient's recollection. The tumor on the nose was a basal cell carcinoma. A small skin tumor had been removed from the submaxillary region on May 23, 1946. The pathologic report on this specimen was malignant melanoma of the skin. Through the courtesy of Dr. M. C. Wheelock this slide was examined. The pathology was identical to the metastatic lesions observed at autopsy.

COMMENT

This case presents a number of unusual features. Clinically, there were no findings indicative of so heavy involvement of the serous surfaces. It is of further interest to note that in spite of the heavy metastases found at autopsy the correct diagnosis was not suspected clinically. At autopsy the primary site was not known. It is not unusual for the primary site to be overlooked or never found in spite of widespread metastases. In this report, the primary tumor had been removed 11 months previously. The patient had forgotten about it and made no mention when the history was obtained, and it was only following the autopsy in searching for the primary, that its existence was discovered.

It is further noted that no case presented in the literature describes such extensive involvement of serous membranes with so negligible involvement of parenchymatous organs. The mode of dissemination is uncertain. Willis[7] states that melanotic growths, whether cutaneous or ocular in origin, yield lymphatic metastases in a considerable proportion of cases, but blood dissemination often co-exists and is usually the predominent mode of extension. It is suggested that in this case the lymphatics were the primary route of spread into the thorax and then to the peritoneum, by further lymphatic extension. Drop metastases with implantation on serosal surfaces probably accounted for the

pathological picture, and haemic spread was late and of no significance.

SUMMARY

A 72 year old white man with a history of chest pain for about 3 weeks, died 8 days after admission. The autopsy showed enormously extensive metastases of malignant melanoma, essentially limited to the serous surfaces of the body. The metastases within the parenchymatous organs were minimal and insignificant in amount. The primary lesion was a skin tumor removed 11 months previously, which had escaped the patient's recollection.

REFERENCES

1. Friedman, H. Harold, M.D., Lederer, Max, M.D. Melanoblastoma with special reference to metastatic dissemination. Am. J. Surg. V 88 P. 88-95. Jan. 1942.
2. Ewing, J. Neoplastic diseases. 4th ed. P. 961; Philadelphia, 1940 W. B. Saunders Co.
3. Masson, P. Les Naevi Pigmentaires, tumeurs nerveuses. Ann. d' Anat. Path. 3, 417-452, 657-696, 1926.
4. Masson, P. Giant Neuro-Naevus of the hairy scalp. Ann. Surg. **93**:218-222, 1931.
5. Laidlaw, G. F., and Murray, M. R. Melanoma studies III A Theory of pigmented moles. Their relation to the evolution of hair follicles. Am. J. Path. **9**:827, 838, 1933.
6. Ewing, J. The problems of melanoma. Brit. M. J. 2:852-856, 1930.
7. Willis, Rupter A., M.D., D.S. The spread of tumors in the human body. London J. & A. Churchill.
8. Gerwood, R. Oglivie, M.D., Ch. B. Case of general melanomatosis arising from a naevus. J. Path. and Bact. 32:2-P. 841, 1929.
9. Weller, Carl Vernon. Unusual cardiac and cerebral metastases in melano-sarcoma. J. Canc. Research. 7:313-327, Oct. 1922.
10. McWhorter, J. E., and Cloud, A. W. Malignant tumors and their metastases. Ann. Surg. XCII, 434-443, 1930.
11. Geschichter, C. F., and Copeland, M. M. Tumors of bone. International Surg. Digest. 10:323-343, 1930.
12. Way, Stuart C., M.D., and Light, S. E., M.D. Generalized melanosis, Report of case with necropsy. J.A.M.A. V 94, Jan. Mar. 1930.

TREATMENT NOW AVAILABLE AIDS MANY ARTHRITIS VICTIMS

Sufferers from arthritis who will have to forego treatment by the recently announced drugs, Compound E and ACTH, until these products are obtainable in larger quantities and at lower prices still have available to them other effective means of therapy.

"There can be no doubt that remedies have been evolved through years of patient clinical observation which suffice for many cases," Dr. Edward F. Rosenberg of Chicago writes in the July 2 issue of The Journal of the American Medical Association.

"The best end results obtained are not from the application of any single measure, but from continuing intelligent application of a program of measures directed against the many abnormalities produced by rheumatoid arthritis.

"The outlook is not dark for every person with rheumatoid arthritis. In fact, the outcome is satisfactory in a majority of cases. A physician who undertakes the treatment of patients with rheumatoid arthritis should approach this problem with a spirit of encouragement and with a reasonable degree of optimism."

He points out that in addition to "common sense" measures, certain additional forms of therapy for rheumatoid arthritis require consideration. Among these, gold therapy is perhaps the most important at the moment, he says.

"Pain and stiffness resulting from osteoarthritis have been observed to disappear during jaundice, and it is therefore to be hoped that progress in the application of the jaundice phenomenon to arthritis may bring relief also to sufferers from osteoarthritis," Dr. Rosenberg also says.

Dr. Rosenberg's article was prepared before the recent announcement of Compound E and ACTH and does not mention these two products. In his review of other forms of treatment he stresses the importance of the family physician.

Dr. Philip S. Hench and associates of the Mayo Clinic, Rochester, Minn., in a preliminary report recently said that certain clinical and biochemical features of rheumatoid arthritis have been markedly improved by the daily intramuscular injection of the hormones, Compound E or ACTH. So far, both products are obtainable only in small quantities.

HOUSE OF DELEGATES



SECOND SESSION, MAY 18, 1949

The second session of the House of Delegates was called to order by the President, Dr. Percy E. Hopkins, on Wednesday, May 18, 1949 at 9:21 A.M.

THE PRESIDENT: I declare the second meeting of the House of Delegates of Illinois State Medical Society in session. The Committee on Attendance please come forward and pass out attendance slips. The men who were seated as delegates will register; those not seated will not register. Only certified delegates, Councilors and Officers must sign the attendance slips. While the slips are being passed we will have the roll call by the Secretary. (Secretary calls the roll.) Gentlemen, with your indulgence I should like to present to you for a few minutes a very good friend of the medical profession. It affords me pleasure at this time to present a man who is carrying our fight to the medical profession and to the lay people throughout the middle west, Mr. Edward F. Stegen.

MR. STEGEN: This is a very pleasant surprise. I thought I could slip into the back of the room and listen. It is also a pleasant surprise to be here because I think this makes my second consecutive year that I had the pleasure of addressing the House of Delegates. I think it will be interesting to know in the last three and a half months with the very fine assistance of the Officers of your association and your Public Relations man, Mr. Leary, and the members of your staff we have been able to make quite a dent in the thinking of the people of Illinois. So far as my very minor part of that situation, I have addressed about seventy-one audiences in the past two and a half months, made a number of radio talks and contacted a number of individuals who may be regarded as leaders in their respective communities. I believe sincerely if every state in the Union assumed the share of responsibility which the Illinois State Medical Society has assumed that it would not be too long until we allayed this effort on the part of those who want socialized medicine. Unhappily my convictions lead me to believe that other states are not as far advanced and have not taken it as seriously as they should. In some states the planning has not been as good.

As to the future we will have the customary lull in the matter of compulsory medical care during the summer. I think our opponents will try to take advantage of this lull. The bill will not come up at this session and consequently our efforts may lag. I think in December and January we will get back at the propagandists of the opposition. The medical men must be prepared with every device they possess to meet that propaganda drive.

It has been great pleasure to serve you in the state and I hope our happy relationship may continue for a long time in the future.

THE PRESIDENT: Thank you, Mr. Stegen. We will now have the report of the Credentials Committee

DR. E. S. HAMILTON, Kankakee: Your Credentials Committee has certified 72 Delegates from downstate, 55 from the Chicago Medical Society and 22 Councilors and Officers, a total of 149. I move you that this constitute the voting strength of this House for this meeting. (Motion seconded by Dr. W. O. Thompson, Chicago and carried).

THE PRESIDENT: I wish to introduce the President of the Medical Society of a neighboring state whom it will be my pleasure to introduce this afternoon as a guest orator in surgery, Dr. Nathaniel Alcock, Iowa City.

What is your pleasure regarding the Minutes of the previous session?

DR. HAMILTON: I move that the reading of the Minutes be dispensed with. (Motion seconded by Dr. C. Paul White, Kewanee, and carried).

THE PRESIDENT: We now come to the election of Officers. Gentlemen, the first officer whom you are to select is the President-Elect of the Illinois State Medical Society, what is your pleasure?

DR. P. R. BLODGETT, Chicago Heights: The man whom I propose as President Elect of this Society has served us well as Councilor from the third district and this last year as Chairman of the Council. By training, by experience and by determination he will follow in the steps of those who have preceded him in this high office. It is a privilege, a pleasure and a personal honor to present that prince of parliamentarians, that leader of men, Harry Hedge.

THE PRESIDENT: Are there any further nominations?

DR. I. H. NEECE, Decatur: I move that the nominations be closed and the Secretary instructed to cast the affirmative ballot for Dr. Hedge. (Motion seconded by Dr. Robert Hayes, Chicago and carried).

(The ballot was cast and the President declared Dr. Hedge elected).

THE PRESIDENT: Dr. Hedge will you take a bow?

DR. HEDGE: I hope I can live up to what has been said about me.

THE PRESIDENT: Nominations are in order for First Vice-President.

DR. WALTER C. BORNEMEIER, Chicago: I wish to place in nomination Dr. M. M. Hoeltgen of Chicago.

DR. ROBERT HAYES, Chicago: I move that the nominations be closed and the Secretary instructed to cast the affirmative ballot for Dr. Hoeltgen. (Motion seconded by Dr. Wade Harker, Chicago and carried).

(The ballot was cast and the President declared Dr. Hoeltgen elected).

THE PRESIDENT: Nominations are in order for Second Vice-President.

DR. C. O. LANE, West Frankfort: I wish to place in nomination Dr. H. A. Felts of Marion. (Nomination seconded by Dr. W. W. Fullerton, Steeleville).

DR. E. S. HAMILTON: I move the nominations be closed and the Secretary cast the affirmative ballot for Dr. Felts. (Motion seconded by Dr. W. W. Fullerton, Steeleville and carried).

(The ballot was cast and the President declared Dr. Felts elected as Second Vice-President).

THE PRESIDENT: Nominations are in order for Secretary-Treasurer.

DR. W. E. KITTLER, Rochelle: I would like to place in nomination a man who has had some experience as Secretary but not quite as much experience as Treasurer. I understand he begins his 26th year as Secretary. I would like to place in nomination Dr. Harold M. Camp as your candidate for Secretary-Treasurer. (Nomination seconded by Dr. Fred H. Muller, Chicago and carried).

DR. E. E. DAVIS, Avon: I move that the nominations be closed and the President cast the affirmative ballot for Dr. Camp. (Motion seconded by Dr. Bernard Klein, Joliet and carried).

(The ballot was cast and the President declared Dr. Camp elected as Secretary-Treasurer for the ensuing year).

THE PRESIDENT: The next order of business is the election of Councilors from the Third District, the terms of Harry M. Hedge and H. Prather Saunders expiring.

DR. G. HENRY MUNDT, Chicago: To succeed Dr. Hedge I would like to nominate Dr. Walter C. Bornemeier for a three year term.

DR. FRED H. MULLER, Chicago: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Bornemeier. (Motion seconded by Dr. Robert Hayes, Chicago and carried).

(The ballot was cast and the President declared Dr. Walter C. Bornemeier elected as Councilor of the Third District for a three year term.

DR. H. K. SCATLIFF, Chicago: I would like to place in nomination Dr. H. Prather Saunders to succeed himself for a three year term. (Nomination seconded by Dr. Fred H. Muller).

DR. W. O. THOMPSON, Chicago: I move the nominations be closed and the Secretary cast the affirmative ballot for Dr. Saunders. (Motion seconded by Dr. F. L. Stone, Chicago and carried).

(The ballot was cast and the President declared Dr. H. Prather Saunders elected as Councilor of the Third District for a three year term).

THE PRESIDENT: Nominations are in order for Councilor for the Fourth District, Dr. Charles P. Blair retiring.

DR. C. M. FLEMING, Rushville: I would like to place in nomination Dr. Charles P. Blair to succeed himself.

DR. E. E. DAVIS, Avon: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Blair. (Motion seconded by Dr. C. M. Fleming, Rushville and carried).

(The ballot was cast and the President declared Dr. Charles P. Blair elected as Councilor of the Fourth District for a three year term).

THE PRESIDENT: Nominations are in order for Councilor of the Fifth District, Dr. Ralph P. Peairs retiring.

DR. FRANK M. HAGANS, Lincoln: I would like to nominate Dr. Ralph P. Peairs to succeed himself.

DR. B. E. MONTGOMERY, Harrisburg: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Peairs to succeed himself. (Motion seconded by Dr. Bernard Klein, Joliet and carried).

(The ballot was cast and the President declared Dr. Ralph P. Peairs elected as Councilor of the Fifth District for a three year term).

THE PRESIDENT: Nominations are in order for Councilor of the Seventh District, Dr. Charles H. Hulick retiring.

DR. A. R. WHITEFORT, St. Elmo: I wish to nominate Dr. Charles H. Hulick to succeed himself.

DR. ARTHUR F. GOODYEAR, Decatur: I move that the nominations be closed and the Secretary cast

the affirmative ballot for Dr. Hulick to succeed himself. (Motion seconded by Dr. C. Paul White of Kewanee and carried).

(The ballot was cast and the President declared Dr. Charles H. Hulick elected as Councilor of the Seventh District for a three year term).

THE PRESIDENT: Nominations are in order for Councilor of the Eigth District, Dr. Harlan English retiring.

DR. A. E. DALE, Danville: Representing Vermilion County I would like to place in nomination Dr. Harlan English to succeed himself.

DR. W. H. SCHOWENGERDT, Champaign: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. English. (Motion seconded by Dr. A. E. Dale and carried).

(The ballot was cast and the President declared Dr. Harlan English elected as Councilor of the Eighth District for a three year term).

THE PRESIDENT: The next order of business is the election of Delegates to the American Medical Association. These delegates will serve until January 1st, 1952 in accordance with the A. M. A. by-laws. The terms of the following are expiring: Cook County: Robert H. Hayes and Fred H. Muller. Downstate: Mather Pfeiffenberger, Edward H. Weld and one delegate to succeed Edwin S. Hamilton to serve until January 1st, 1951.

DR. C. H. PHIFER, Chicago: I would like to nominate Dr. Fred H. Muller to succeed himself. (Nominations seconded by Dr. Oscar Hawkinson, Chicago).

DR. OSCAR HAWKINSON, Chicago: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Muller. (Motion seconded by Dr. W. O. Thompson, Chicago and carried).

(The ballot was cast and the President declared Dr. Fred H. Muller elected).

DR. OSCAR HAWKINSON, Chicago: I would like to nominate Dr. Robert Hayes to succeed himself.

DR. FRANK P. HAMMOND, Chicago: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Hayes. (Motion seconded by Dr. Oscar Hawkinson and carried).

(The ballot was cast and the President declared Dr. Hayes elected).

THE PRESIDENT: Nominations are in order for downstate delegates.

DR. A. E. DALE, Danville: I wish to nominate Dr. Mather Pfeiffenberger to succeed himself.

DR. L. J. HUGHES, Elgin: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Pfeiffenberger. (Motion seconded by Dr. Bernard Klein, Joliet and carried).

(The ballot was cast and the President declared Dr. Mather Pfeiffenberger elected).

DR. W. H. SCHOWENGERDT, Champaign: I would like to place in nomination Dr. Harlan English to succeed Dr. Edward H. Weld.

DR. L. J. HUGHES, Elgin: I move that t' e nominations be closed and the Secretary cast the affirmative ballot for Dr. English. (Motion seconded by Dr. B. E. Montgomery, Harrisburg and carried).

(The ballot was cast and the Chair declared Dr. Harlan English elected).

THE PRESIDENT: Nominations are in order for one delegate to succeed Dr. E. S. Hamilton.

DR. V. M. SERON, Joliet: I would like to place in nomination Dr. Bernard Klein of Joliet.

DR. B. E. MONTGOMERY, Harrisburg: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Klein. (Motion seconded by DR. V. M. Seron, Joliet, and carried).

(The ballot was cast and the President declared Dr. Bernard Klein elected to succeed E. S. Hamilton to serve until Jancary 1st, 1951).

THE PRESIDENT: The next order of business is the election of alternate delegates to the American Medical Association. All are designated as alternates at large. Cook County: The terms of H. K. Scatliff and Warren W. Furey expiring. One alternate to succeed Frank L. Brown deceased to serve until January 1st, 1951. Downstate: Terms of D. M. Roberts and Walter C. Blaine expiring.

DR. ROBERT HAYES, Chicago: I would like to nominate Dr. H. K. Scatliff to succeed himself as my alternate.

DR. RICHARD GREENING, Chicago: I move that the nominations be closed and the Secretary instructed to cast the affirmative ballot for Dr. Scatliff. (Motion seconded by Dr. W. O. Thompson and carried).

(The ballot was cast and the President declared Dr. H. K. Scatliff elected).

DR. J. J. MOORE, Chicago: I wish to nominate Dr. Warren W. Furey to succeed himself as alternate for Dr. Rollo K. Packard.

DR. RICHARD GREENING, Chicago: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Furey. (Motion seconded by Dr. Robert Hayes, Chicago, and carried).

(The ballot was cast and the President declared Dr. Warren W. Furey elected).

DR. ROBERT N. HEDGES, Chicago: I would like to place in nomination Dr. E. T. McEnery to succeed Frank L. Brown, deceased.

DR. ROBERT HAYES, Chicago: I move the nominations be closed and the Secretary cast the affirmative ballot for Dr. McEnery. (Motion seconded by Dr. W. O. Thompson, Chicago, and carried).

(The ballot was cast and the President declared Dr. E. T. McEnery elected to serve until January 1st, 1951.

THE PRESIDENT: I shall now entertain nominations for alternate delegates from downstate.

DR. W. E. KITTLER, Rochelle: I would like to place in nomination Dr. L. S. Reavley, Sterling, as alternate to Dr. Harlan English.

DR. I. H. NEECE, Decatur: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Reavley's election. (Motion seconded by Dr. L. J. Hughes, Elgin and carried).

(The ballot was cast and the President declared Dr. L. S. Reavley elected).

DR. E. H. WELD, Rockford: I would like to place in nomination Dr. I. H. Neece, Decatur as alternate to Dr. Pfeiffenberger.

DR. L. J. HUGHES, Elgin: I move the nominations be closed and the Secretary cast the affirmative ballot for Dr. Neece. (Motion seconded by Dr. Harlan English, Danville, and carried).

(The ballot was cast and the President declared Dr. I. H. Neece elected).

THE PRESIDENT: Nominations are in order for an alternate for Dr. Bernard Klein.

DR. V. M. SERON, Joliet: I would like to place in nomination Dr. J. E. Wheeler, Belleville, as alternate for Dr. Klein.

DR. B. E. MONTGOMERY, Harrisburg: I move the nominations be closed and the ballot cast for Dr. Wheeler as alternate for Dr. Klein. (Motion seconded by Dr. I. H. Neece, Decatur, and carried).

(The ballot was cast and the President declared Dr. J. E. Wheeler elected).

THE PRESIDENT: Before we proceed to the election of the tenth delegate to the American Medical Association to which we are now entitled what is your pleasure?

DR. G. H. MUNDT, Chicago: I move that we go into Executive Session. (Motion seconded by Dr. Richard Greening and carried).

DR. W. E. KITTLER, Rochelle: I would like to make a motion that the presidents and secretaries of the component societies be permitted to remain. Motion seconded by Dr. Robert Hayes, Chicago).

DR. MUNDT: I yield to no man in my admiration of the work done by the county presidents and secretaries, but we must follow the precedent of our parent body, the A. M. A., in this, and that is definitely out in the American Medical Association. My friends are going to tell me that it takes temerity to say this. I say it takes a fool to say what I have said but I think we had better follow the precedent of the A. M. A. and hence I am opposed to the amendment as presented.

DR. KITTLER: That might be all right for the A. M. A., but where would the A. M. A. get off if it were not for the State Society and the County Societies, which form the A. M. A. I still think it is out of order and say it is a slam at our secretaries and presidents. I would still like to see my amendment acted upon.

DR. E. S. HAMILTON, Kankakee: I think Dr. Kittler is in error. The A. M. A. has no desire to interfere in the affairs of the State Society.

DR. WALTER C. BORNEMEIER, Chicago: We know the A. M. A. keeps alternate delegates out of any Executive Session. However, there are a great many of us who are not in favor of what they do when they keep alternate delegates out of the Executive Session. I am in favor of the amendment to permit the presidents and secretaries of the component Societies to remain.

THE PRESIDENT: We shall vote on the amendment that the presidents and secretaries be allowed to remain in the Executive Session. (The amendment is carried).

THE PRESIDENT: We will vote on the original motion as amended to go into Executive Session allowing the presidents and secretaries to remain. The original motion without the amendment would not provide for alternate delegates. The amendment has passed. We are now voting on the original motion as amended. (Motion was carried).

THE PRESIDENT: Will the Committee on Attendance come forward and poll the room. The Chair entertains a motion to provide that alternate delegates who had been seated as delegates will remain and that alternate delegates who have not been seated will not remain.

DR. WALTER C. BORNEMEIER: Is it possible to reconsider the amendment or the motion?

THE PRESIDENT: You will have to reconsider the motion as amended.

DR. G. H. MUNDT, Chicago: I move that we reconsider the motion as amended. (Motion seconded by Dr. Walter C. Bornemeier).

THE PRESIDENT: It is moved and seconded that the House reconsider its action on the motion as amended that was recently passed.

DR. WADE HARKER, Chicago: We do not need to reconsider.

THE PRESIDENT: A motion to reconsider takes precedence.

DR. HARKER: I move that we withdraw reconsideration and that we permit alternate delegates to remain. (Motion seconded by Dr. Walter C. Bornemeier and carried).

THE PRESIDENT: The alternate delegates will remain.

(NOTE: In this executive session, there was discussion on the procedure to be followed relative to the selection of the additional delegate and when a definite plan was approved, the following procedure followed.)

THE PRESIDENT: Nominations are in order for election of the tenth delegate from the Illinois State Medical Society to the House of Delegates of the American Medical Association.

DR. BERNARD KLEIN, Joliet: I wish to place in Nomination the name of Dr. E. P. Coleman of Canton as the tenth delegate.

DR. HAROLD SWANBERG, Quincy: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. Coleman. (Motion seconded by Dr. B. E. Montgomery, Harrisburg and carried).

(The ballot was cast and the President declared Dr. E. P. Coleman elected as the tenth delegate to the A. M. A.).

THE PRESIDENT: Nominations are in order for an alternate delegate for Dr. Coleman.

DR. HAROLD SWANBERG, Quincy: I would like to name Dr. E. H. Weld of Rockford as the alternate delegate.

Dr. C. PAUL WHITE, Kewanee: I move that the nominations be closed and that the Secretary cast the affirmative ballot for Dr. Weld as alternate for Dr. E. P. Coleman. (Motion seconded by Dr. W. E. Kittler of Rochelle, and carried).

(The ballot was cast and the President declared Dr. E. H. Weld elected as alternate delegate to Dr. Coleman).

DR. G. H. MUNDT: I move that we arise from Executive Session. (Motion seconded by Dr. W. O. Thompson and carried).

THE PRESIDENT: May we digress in order to call to your attention that many county societies and branch societies throughout the state have already passed definite resolutions in regard to the questions of the Society pertaining to socialized medicine. We have here resolution which was adopted by the Illinois State Dental Society at Peoria on May 11 which was sent to us by special delivery. We have been remiss in failing to have a resolution introduced on Monday that could be acted upon. The Chair feels, with your permission, that it might be possible to authorize the presentation of such resolution.

DR. G. H. MUNDT, Chicago: I move unanimous consent to adopt such resolution as it is presented this morning. (Motion seconded by Dr. Oscar Hawkinson and carried).

THE PRESIDENT: I will ask Dr. Mundt to present this resolution.

Whereas, The Congress of the United States has now before it for consideration a bill known as S. 1679 or H. R. 4612 or H. R. 4613, which would establish a so-called national health program including a compulsory payroll tax scheme of sickness insurance, and

Whereas, this program embodies the distorted interpretations of the national health problem outlined in the Ewing Report and has the support of the present administration, certain small medical splinter groups and the leftwing elements in our population, and

Whereas, such a program would establish political control of medicine and place the politician in a position of dictator between the doctor and his patient and give him regulatory and financial power over the practice of medicine, and

Whereas, such a program would double or triple the present cost of medical care to our nation, result in confiscation of hospitals, impressment into government service of physicians, dentists, nurses and other professions involved in health care, despite present denials of such intent, and

Whereas, such a program would double or triple the quantity of medical care furnished to the American public (now and for many years the finest in the world, and constantly being improved) and it would drive out of the practice of medicine many experienced physicians and it would discourage the finest of our young men and women from entering into such practice and it would make it impossible to give the careful personal attention necessary to good medicine, and

Whereas, similar programs instituted in various foreign countries have resulted in many cases in deterioration of medical care, and have brought the nations to national bankruptcy, and have contributed to the growth of State Socialism in such countries;

Now therefore be it resolved,

1. That the House of Delegates of the Illinois State Medical Society, representing 10,000 practicing physicians of Illinois, does express its abhorrence and utter condemnation of the proposal to establish national compulsory sickness insurance and

2. That this House of Delegates does hereby request of the Congress of the United States that the Congress reject and vote down S. 1679, H. R. 4612 and H. R. 4613 and any other bill making similar proposals for compulsory sickness insurance, and

3. That copies of this resolution, properly attested by the officers of the Illinois State Medical Society, be forwarded to the President of the United States, to the Vice-President of the United States as President of the Senate, to the Speaker of the House of Representatives and to the Senators and Representatives from Illinois now sitting in the Congress.

The next order of business is the election of standing Committees. The first is the Medico-Legal Committee, two to be elected for a term of three years, Pliny R. Blodgett, Chicago Heights and F. E. Bihss, East St. Louis retiring.

(The following members were nominated, the ballot was cast and the President declared them elected: F. E. Bihss, East St Louis, P. R. Blodgett, Chicago Heights).

THE PRESIDENT: The Committee on Medical Education and Hospitals, one to be elected for a three year term, Dr. H. O. Munson, Rushville retiring.

DR. C. M. FLEMING, Rushville: I would like to place in nomination Dr. Harlan English of Danville.

DR. E. E. DAVIS, Avon: I move that the nominations be closed and the Secretary cast the affirmative ballot for Dr. English as a member of the Committee on Medical Education and Hospitals. (Motion seconded by Dr. C. M. Fleming and carried).

(The ballot was cast and the President declared Dr. Harlan English elected as a member of the Committee on Medical Education and Hospitals for a three year term).

THE PRESIDENT: The Committee on Medical Benevolence, one member to be elected for a three year term, Dr. Harold M. Camp, Monmouth retiring.

DR. P. R. BLODGETT, Chicago Heights: I nominate Dr. Camp to succeed himself.

DR. WALTER LAWRENCE, Berwyn: I move that the nominations be closed and the President cast the affirmative ballot for the election of Dr. Camp. (Motion seconded by Dr. E. S. Hamilton, Kankakee and carried).

(The ballot was cast and the President declared Dr. Harold Camp elected a member of the Committee on Medical Benevolence for a three year term).

THE PRESIDENT: Nominations are in order for the Committee on Medical Testimony, two to be elected for a term of four years, Harry A. Oberhelman, Chicago, and Edward H. Weld, Rockford, retiring.

DR. H. J. DOOLEY, Oak Park: I nominate Dr. Harry Oberhelman to succeed himself. (Seconded by Dr. A. M. Vaughn, Chicago).

DR. E. S. HAMILTON, Kankakee: I nominate Dr. E. H. Weld to succeed himself.

DR. A. M. VAUGHN, Chicago: I move the nominations be closed and the Secretary cast the affirmative ballot for Drs. Oberhelman and Weld. (Motion seconded by and carried).

(The ballot was cast and the President declared Drs. Oberhelman and Weld elected as members on the Committee of Medical Testimony for a term of four years.

THE PRESIDENT: The next order of business is announcing of awards to scientific exhibits. We should be very grateful to Drs. M. M. Hoeltgen and Leo J. Sweeney for the smooth manner in which things ran last night once they were started. We attempted to streamline the dinner so you people would not get tired. We decided at the last moment that Dr. Coye C. Mason, Chairman and Director of the Scientific Exhibits and his Committee were entitled to some public recognition as were the men who provided the exhibits at their own expense, so for that reason we went back and had that report given last night. The list of the awards will be incorporated in the printed proceedings.

Educational Value

Gold Medal: Frederick H. Falls, Charlotte S. Holt, University of Illinois College of Medicine and the State Department of Public Health. "Forceps"

Silver Medal: David V. Omens, Harold D. Omens Rush Medical College, Division of the Univ. of Ill. "The Dermatological Album"

Bronze Medal: Wayne B. Slaughter, Wisconsin Gen. Hospital, Madison; Stritch School of Medicine of Loyola University; Loyola University School of Dentistry. "Rehabilitation Program for the Hare Lip and Cleft Palate Children."

Bronze Medal: Samuel J. Zakon, Northwestern University Medical School. "The Physician's Creed—Religio Medici".

Bronze Medal: Illinois Society of Pathologists. Illinois Society of Pathologists. "Fresh Tissue Exhibit"

Original Work

Gold Medal: Oscar Sugar, Department of Neurology and Neurosurgery, University of Ill., College of Medicine. "Cerebral Angiography"

Silver Medal: Carroll L. Birch, Louis R. Limarzi, Dept. of Medicine, University of Illinois, College of Medicine "Bone Marrow"

Bronze Medal: D. E. Clark, R. H. Moe, E. E. Adams, Department of Surgery, The University of Chicago. "Radioactive Iodine— Its Use in Diagnosis and Therapy"

Bronze Medal: Wendell G. Scott, Sherwood Moore, Department of Radiology, Washington University School of Medicine, St. Louis, Missouri. "The Use of the Rapidograph in Angiography and Aortography as an Aid in the Diagnosis of Congenital Heart Disease".

Bronze Medal: Benjamin, M, Gasul, Egbert H, Fell, Hans Popper, Maurice Lev, William Mavrelis, James A. Campbell, Carl B. Davis, Jr., Raul Casus, and Hans Hartenstein. Hektoen Institute and University of Ill., College of Medicine. "Congenital Heart in Clinical Medicine"

THE PRESIDENT: The next order of business is the fixing of per capita assessment for 1950 dues. We are spending a lot of money and we have to continue to spend a lot of money. This $25 that you have paid as a special assessment goes directly to the A. M. A. for use entirely in their educational program. Neither the State nor the county or branch societies get anything from that. You must bear those facts in mind. What is your pleasure regarding the per capita assessment?

DR. W. E. KITTLER, Rochelle: What is the recommendation of the Council? I would like to hear it.

DR. H. M. HEDGE, Chicago: This has not been taken up in the Council so there is no recommendation from the Council as regards the dues.

DR. HAROLD SWANBERG, Quincy: I move that since we need more money that we make the dues $20 a year, including the $5 assessment for the Benevolence Fund. (Motion seconded by Dr. Oscar Hawkinson, Chicago).

DR. KITTLER: It is all right for some of these fellows who are specialists but we have trouble in the rural communities to get funds and it makes it very hard. We have 20 or 25 men in our County Society. Some of those fellows will drop out if you continue to raise the dues. Raising the dues may be all right for some of the men who are specialists but you take the men downstate that are near retirement age and they don't want to pay it. A lot of these county societies have only 20 to 25 men and we are going to lose some of those. I think the dues are high enough. As far as I'm concerned I'm willing to pay but if you raise the dues some of the men will drop out. I would like to make an amendment that the dues remain as they are. (Seconded by Dr. Robert Hayes, Chicago).

THE PRESIDENT: I rule that such an amendment is out of order.

DR. E. S. HAMILTON, Kankakee: Having been Chairman of the Finance Committee since Dr. Nagel's death and a member of the Committee before that, I would like to say that during the past fifteen years that I have been on that Committee we have amassed a very nice surplus. The last year we have had to go into the surplus. I do not know how many of your men know how much money your Society spends. I hope occasionally you read over the financial statement. The payments in our Society fund have increased every year for the last few years. I personally have always been in favor of keeping down the expenses but there are times when we have to spend

money and we are in that time. You know the chiropractors and the osteopaths pay more than we do. I do not think there is any way we can run this Society in the next few years without plenty of money. I do not like to see the dues raised but we have either to raise the dues or drop some of our work. I am certainly in favor of raising the dues for about the first time in my life. I hope you will see fit to do it. I hope you will go back to your districts and talk to your people in those districts and explain to them the reason. If the Councilors will do that and if the delegates will do that I do not think we will lose very many members. I advise you to give this your very earnest consideration. We will try to keep within our budget. We are going to do our share in Illinois to win the fight.

DR KITTLER: What is the surplus? I think the members should know.

DR. HAMILTON: It is in the Handbook in the Secretary's report; it is around $115,000. It is in government bonds. We have not lost any money on our investments in the last fifteen years. Have you any idea what it costs for our publicity department and the public ralations? We are spending a lot of money and we are going to have to spend more and more this year. I am perfectly willing to spend the whole surplus if necessary. We must win this fight and money is what it will take to win it.

THE PRESIDENT: Thank you Dr. Hamilton.

DR. WALTER C. BORNEMEIER: I am in favor of raising more money. If the dues are raised and a number of people need to drop out it would be well to look into the matter. The first of the year we pay $25 for the A.M.A. assessment. Let us have $25 for Illinois. Those men who can not pay will not be dropped.

DR. L. J. HUGHES, ELGIN: We are not so poor in this state that we can not pay $20.

DR. J. ROSCOE MILLER, CHICAGO: When we think of the states like California, Wisconsin and Michigan that are paying much more than we are paying, it seems that we can slightly raise our dues. I would like to see this voted this morning to raise the dues to at least $20. There was never a time when we needed money as we need it now. If we do not spend it now there will be a time when it will be too late.

THE PRESIDENT: Are you ready for the question? Dr. Kittler's motion was ruled out of order.

DR. KITTLER: I withdraw my motion.

(The motion was voted on and carried to raise the dues to $20.).

THE PRESIDENT: The next order of business is the selection of a meeting place for the 1950 annual meeting. Has the Secretary any invitations?

THE SECRETARY: We do not have any; however, there have been a good many requests to try to arrange a downstate meeting. We have been trying to find a place where that can be done and it may be best, if the House would like to do as it has done in the last four or five years, to leave it to the judgment of the Council. After a thorough investigation the Council would be in a far better position to decide on a place of meeting.

DR. ROBERT HAYES, CHICAGO: I move that this be left to the discretion of the Council. (Motion seconded by Dr. W. O. Thompson and carried).

THE PRESIDENT: We now come to the reports of Reference Committees and the action upon same. There is no desire to curb anyone's remarks or discussion in regard to a report but if those speaking to a report will make it as brief as possible we will get through with the reports.

REPORTS OF REFERENCE COMMITTEES

Committee on the Reports of Officers

On Report of the President: This Committee commends in highest terms the very comprehensive report revealing the prodigious amount of work done personally by Dr. Percy E. Hopkins in all departments on the vital problems of today.

Particular recognition is given to the paramount issues of Public Relations, Education and Post Graduate sections.

We highly recommend the suggestion that the Chicago Medical School Graduates be invited to join County Societies. Our opinion is that each Society in the State will give sincere and serious consideration on this action.

(DR. GOODYEAR: I move the adoption of this portion of the report. Motion seconded by Dr. C. Paul White, Kewanee, and carried).

On Report of the President-Elect: The Committee recognizes President-Elect Walter Stevenson has no illusions of the complexity of duties his future office holds. We are in accord that the spade work assigned him by the President, has been done thoroughly and conscientiously.

(DR. GOODYEAR: I move the adoption of this portion of the report. Motion seconded by Dr. Oscar Hawkinson, Chicago, and carried).

On Report of the Secretary-Treasurer: We fully endorse the complete factual report given and particularly commend his explanation of the A.M.A. Special Assessment.

We are in accord that the duties of the Secretary-Treasurer have increased considerably with the Assessment, and that more than ordinary recognition be granted Harold M. Camp at this time.

(DR. GOODYEAR: I move the adoption of this portion of the report. Motion seconded by Dr. Mather Pfeiffenberger, Alton and carried).

Respectfully submitted, Arthur F. Goodyear, Chairman, J. J. Moore, E. E. Davis, Reference Committee on Reports of Officers.

DR. GOODYEAR: I move the adoption of the report as a whole. (Motion seconded by Dr. E. E. Davis, Avon and carried).

Committee on Reports of Councilors

The Chairman's fine report is an interesting record of the many and complex activities of our state society for the past year, of the ever expanding program of work to meet the challenge of our present-day problems

and a real effort to anticipate the new angles of tomorrow. Many activities go unrecorded and, to some degree, unappreciated — but this is only a part of the job of a great state professional society to render the greatest possible degree of service to its members and to society. The chairman, every member of the Council, and those who served on the various state committees are all to be commended for their work in our behalf.

(DR. BLODGETT: I move the adoption of this portion of the report. Motion seconded by Dr. O. W. Rest, Chicago, and carried).

The individual councilors, in their reports record the activities of the Councilors in integrating the work of their Districts into the program of the state society — or necessity this is on a local level. All Councilors have been active and efficient in their work for the common cause. We give to each one of them that time-honored commendation "Well done".

(DR. BLODGETT: I move that this portion of the report be adopted. Motion seconded by Dr. W. O. Thompson, Chicago, and carried).

Respectfully submitted, P. R. Blodgett, Chairman, F. M. Hagans, Robert Mustell, Frank Deneen.

(DR. BLODGETT: I move the adoption of the report as a whole, signed by myself as Chairman, Drs. Hagans, Mustell and Deneen. Motion seconded by Dr. W. O. Thompson and carried).

Committee on Reports of Standing Committees

The Report of *Committee on Medical Service and Public Relation*: Your Reference Committee has carefully read this very extensive, interesting and informative report. It covers many diversified and constructive activities of your society, each implemented with careful thinking and guidance. The report warrants careful consideration by every member of the House of Delegates as well as all of the members of the medical profession. Far too few physicians really appreciate the many constructive activities your medical society enters into to provide better health for its people, combat disease, prolong life, better living conditions, reduction of morbidity and mortality and the many unselfish contributions that the medical profession makes for the interest and welfare of the public.

Your Educational Committee has continued its untiring efforts to present information through talks, television and health education to the public. The work of this committee in its fight to reduce tuberculosis to a minor health hazard through the channels of organized labor, numerous women's groups and social agencies, combined with the Chicago-Cook County Committee for eradication of tuberculosis is most highly commended.

The part of the report referring to the National Educational Campaign against the socialization of medicine is most highly constructive. The regional conferences that were held among medical society officers and members with the proper selection of speakers to alert the public to the dangers of socialization of medicine, the resolutions condemning the compulsory insurance schemes have been most helpful.

Your Reference Committee commends the assistance given the Committee on Rural Medical Service in helping it to establish the joint student loan fund by the Illinois State Medical Society and the Illinois Agricultural Association.

Your Reference Committee is deeply appreciative of the very excellent medical service and public relations contributed by your President, Percy E. Hopkins, your President-Elect, Walter Stevenson, Dr. Everett Coleman, Dr. Harlan English, Dr. James H. Hutton, Dr. Edwin S. Hamilton, Miss Ann Fox, the members of the Council, your various county medical officials, the members of your medical profession, your lay groups, Mr. John W. Neal, Executive Secretary, and James C. Leary, Director of the Bureau of Public Relations. Each of these people individually and collectively working through many ramifications have implemented a great medical service and public relations program.

(Dr. PHIFER: I move the adoption of this portion of the report. Motion seconded by Dr. Fred Muller and carried).

DR. PHIFER: Concerning the supplementary report presented by the Committee on Medical Service and Puhlic Relations, I would like our President, Dr. Hopkins to speak to this question.

THE PRESIDENT: Dr. Phifer and gentlemen: This represents a crystallization of the progress thus far in our contacts and conferences with organized labor. One of the difficult things with which the medical profession has been confronted has been contact with or an understanding of organized labor. We have been conferring with these people throughout the winter. The invitation came from them originally. They have taken up the cudgel with us on occasion when the reception was not perhaps as favorable as it might have been. We feel in the prepayment plan committee, the Committee authorized by the Council to meet with these labor people, that it is another possibility necessary to obviate the so-called need for compulsory health insurance. We are criticized quite frequently on the basis of being one of the twelve or fourteen states in which it is still not possible for a consumer-subscriber plan to set up its own insurance for private organizations. Labor has made considerable point of that. We have had to face that, as many of you men have, in the various debates and forums that have been conducted in the last several months. We feel this is the beginning. It may not be exactly what we like. It will provide for another supporter we hope. We have promised them nothing. This Committee of the Council does not determine the policy. The House of Delegates determines that. They understood from the beginning that we are speaking only for medical care and not for dental or hospital care. There is no delusion about it at all.

DR. PHIFER: Would Mr. Neal like to speak to this report?

JOHN NEAL: No.

DR. PHIFER: I move that the supplementary report of the Committee on Medical Service and

Public Relations be adopted. (Seconded by Dr. C. Paul White, Kewanee and carried).

The Report of the *Committee on Medical Testimony*:

The reference committee is deeply appreciative of the many controversial problems associated with the obligations of this committee.

We appreciate the constructive work they are doing in connection with coordinating their interests with the Chicago Bar Association, and the Judiciary. It is hoped that a better understanding and a workable program will be the solution of this problem.

One portion of the report states that a "Subpoena to appear before a lawyer for pretrial testimony should be carefully examined before responding to its demand".

In this connection it should be added that a physician, unless he is a party to the suit, is under no legal compulsion to respond to such a notary's subpoena, except where it is followed by or issued in accordance with an order of Court. But as a practical matter, if the doctor refuses to appear, or ignores the subpoena, he may later be compelled, through court order, to attend at a time and place most inconvenient to himself. In most instances, the wisest policy would probably be to first ascertain if the attorney is really determined to have the doctor's testimony, and if so to work out a time and place which will be mutually acceptable. And in giving such testimony, the doctor cannot be compelled, over his patient's objection, to reveal any confidential communication between the patient and himself. Also, the doctor need not give his opinion, as distinguished from purely factual data, unless he is called and compensated as an expert.

(DR. PHIFER: I move the adoption of this portion of the report. Motion seconded by Dr. A. M. Vaughn, Chicago and carried).

The Report of the *Committee on Medical Education and Hospitals*: Your Reference Committee notes the very excellent report of this committee, with its large amount of statistical data in regard to patient admissions, comments on increased cost of hospitalization, quality of hospital care, the role of hospitals in medical care, the section on general practice of the A.M.A. and the Academy of General Practice, the development of group practice, the nursing problem, health insurance, post-graduate medical education, the medical school problems, each of which is discussed in detail relative to questions pertaining to its own entity.

Your Reference Committee is of the opinion that the role of hospitals in medical education is a very important factor; each of these institutions should play a very important role in the educations of the intern and attending staff. The type and value of this training depends on the initiative and organization of such training. The tendency of some institutions to accept a larger number of interns than they can adequately train is a controversial problem. In the opinion of your Reference Committee a great effort should be made on the part of some of the hospitals which are having difficulty in obtaining interns to raise their standard of educational training, as well as to properly publicize the type of training they offer. This will be a constructive aid in the equal distribution of interns.

Your Reference Committee notes in the comment on the Medical School Problem, the great need of a large private pavilion to take care of the private patients of its large part time clinical staff in reference to which your committee appreciates that many medical centers have such private pavilions. We also appreciate the advantages of the proximity of such institutions to universities as factors in conservation of time and energy of their medical staffs. While nothing is said in this report about how the funds would be provided for creating a building of this type, nor is the endorsement of Illinois State Medical Society requested. However, the question of building a private pavilion for the care of private patients on tax supported funds in connection with a tax supported medical university has long been a highly controversial problem. Your Reference Committee is of the opinion that these are individual questions, the approval of which must be withheld by your medical profession until the medical policy governing the operation of such contemplated institutions has been definitely defined by the university with which it is to be created.

(DR. PHIFER: I move the adoption of this portion of the report. Motion seconded by Dr. Richard Greening and carried).

The Report of the *Medico-Legal Committee*: Your Reference Committee is pleased to note the report of the Medico-Legal Committee. We most heartily endorse its recommendation. We ask the cooperation of the members of the medical profession in helping this committee discharge its objective.

(DR. PHIFER: I move the adoption of this portion of the report. Motion seconded by Dr. Bernard Klein of Joliet and carried).

The Report of the *Committee on Medical Benevolence*: Your Committee notes the excellent report of the Committee on Medical Benevolence. This activity of the society is greatly appreciated by those who have been required to call on its resources. It is the hope of this reference committee that the new procedure to require a reserve fund will provide adequate funds to administer this program. We most highly commend the activities of this committee to the membership.

(DR. PHIFER: I move the adoption of this portion of the report. Motion seconded by Dr. C. Paul White, Kewanee, and carried).

The Report of the *Committee on Archives*: We have reviewed the report of the Committee on Archives. We note the activity and the objectives of this committee. We commend this committee for its action and ask the membership for their assistance in aiding them on their assignment.

(DR. PHIFER: I move the adoption of this portion of the report. Seconded by Dr. B. E. Montgomery, Harrisburg, and carried).

Respectfully submitted, Charles H. Phifer, Chairman, H. A. Felts, Richard Greening, L. S. Reavley.

DR. PHIFER: This report has been signed by Drs. Greening, Reavley, Felts and myself. I move the

adoption of the report as a whole. (Motion seconded by Dr. G. E. Johnson, Chicago, and carried).

THE PRESIDENT: Thank you very much for the report. The next report will be from Reference Committee "A".

Reference Committee "A" on Reports of Council Committees

Educational Committee: In reviewing the report of the Educational Committee, the members of this committee were amazed at the great amount of work done by this group; its many phases and ramifications directly affecting the dissemination of knowledge has produced results which are apparent to all of us.

Television which has been brought into use recently by this committee as a means of health education has great potentialities and we commend the committee for this approach to the contribution of public health information and earnestly recommend that it be continued-with close cooperation of men like Dr. Van Dellen and with the participating speakers the television should be the ideal means of reaching thousands with such information as we can and should give them — this especially since television is becoming so widely used.

Relative to the Speakers Bureau, the continued use is recommended. Persons who participated and cooperated are too numerous to mention. Acknowledgment of these endeavors and expression of appreciation are hereby given. Dissemination of news by Health Talk, Package Libraries and every other means should be encouraged.

We heartily commend the friendly relations with the Chicago Industrial Health Association and the close cooperation between the Chicago Medical Society. The Chicago Office of the Illinois Medical Society, as well as the Monmouth Office, and the personnel of all these groups without mentioning names are hereby given profuse thanks and expression of appreciation for their very earnest endeavors.

(DR. FREEMAN: I move the adoption of this portion of the report. Seconded by Dr. B. E. Montgomery, Harrisburg and carried).

Scientific Service Committee: The report of the activities of the Scientific Service Committee is accepted and gratitude and commendation extended to the committee and all who participated in the various programs. Speakers too numerous to mention gave willingly of their time and energy. The service of this committee enlarged and extended during the year. A joint meeting of the Scientific Service Committee and the Postgraduate Education Committee was held during which time two suggestions were made:

1. That a form letter be sent to all secretaries of county medical societies asking for pertinent information on meetings; this information is tabulated in the 1949 Official Annual Report of Officers and Committees for your perusal and information.

2. That a recommendation be presented to this House of Delegates to consider the fusion of the Scientific Service Committee and the Postgraduate Education Committee under one committee and one chairmanship.

The committee recommends that this matter be referred to the Council for careful consideration and action.

(DR. FREEMAN: I move the adoption of this portion of the report. Move seconded by Dr. Bernard Klein, Joliet, and carried).

Post-Graduate Education Committee: It is unnecessary to point out to those of us who attended any of the Post-graduate Conferences that they fill a definite need and serve a real purpose in this State.

The Post-graduate Conferences have been most enlightening and educational and interesting and they are without a doubt a big factor in the scientific progress of a State Medical Society.

They have on the whole been well attended and those who failed to attend just missed a real treat and opportunity.

Too much praise and thanks cannot be given to this committee and to all the speakers who participated in these Conferences.

The committee recommends continuation of these Conferences as in the past.

(DR. FREEMAN: I move the adoption of this portion of the report. Motion seconded by Dr. B. E. Montgomery, Harrisburg, and carried).

Fifty Year Club Committee: The report of the Fifty Year Club Committee is wholly acceptable to the Reference Committee which is most favorable to the continued administration of it as in the past.

Commendation and appreciation from the Illinois State Medical Society is given to the Chairman, Andy Hall, and his Committee, and suggests that they continue their excellent administration of this endeavor.

(DR. FREEMAN: I move the adoption of this portion of the report. Motion seconded by Dr. Oscar Hawkinson, Chicago and carried).

Medical Economics Committee: The Reference Committee accepts the report of the Medical Economics Committee without any reservations or corrections and recommend that the Committee continue to follow the program of the past year.

In view of the existing political situation and the need of knowledge concerning our economy, we would encourage any furtherance of this information.

The usual gratitude is extended to this Committee and to Miss Ann Fox for her cooperation in this work.

DR. FREEMAN: I move the adoption of this portion of the report. (Motion seconded by Dr. B. E. Montgomery and carried).

Respectfully submitted, David B. Freeman, Chairman, Loren Mason, Harold Swanberg, James P. Simonds.

DR. FREEMAN: I move the adoption of the report as a whole. Motion seconded by Dr. Mather Pfeiffenberger, Alton, and carried).

THE PRESIDENT: Thank you Dr. Freeman.

Report of Reference Committee "B"

Advisory Committee, Illinois Public Aid Commission: The Reference Committee feels that this report conveys to the House but a faint idea of the tremendous amount

of constructive work done by the Advisory Committee. However, in the discussion of the report it was brought out that the present method of paying medical claims confuses the doctors' bookkeeping and the patients' thinking. Consequently the reference committee recommends to the House of Delegates that it request the committee to use its good efforts toward having the I.P.A.C. simplify its method of paying medical claims. The report should be approved.

(DR. HUTTON: I move the adoption of this portion of the report. Motion seconded by Dr. C. Paul White, Kewanee and carried).

Constitution and By-Laws Committee. The Reference Committee feels that while the change suggested is one to be commended the amount of the change in dues would hardly warrant the expense entailed in changing our Constitution and By-laws and consequently recommends that no change be made.

DR. HUTTON: As a matter of explanation, the dues of residents in hospitals of $7.50 a year. The Committee recommended that these be changed to $5.00. The Reference Committee wondered if the expenses entailed in changing the Constitiution and By-laws might not be greater than the amount received from dues. I move that this portion of the report be adopted. (Motion seconded by Dr. Mather Pfeiffenberger, Alton).

DR. WARREN W. FUREY, Chicago: This recommendation for a change in the Constitution for a change in dues for residents is one to which we should be sympathetic. We are anxious to get in these men. There is a cost to carrying resident members. Most residents find that the charge of $10 is definitely excessive. When we had $5 dues we had a lot more young men than we now get. We must remember too that the G-I Bill is going to run out on some of these boys and they will have no income. I personally would recommend that the action of the Reference Committee be defeated.

DR. HUTTON: The Committee might change its mind. When we made our report we did not have the benefit of the information just given to the House.

THE PRESIDENT: Is there further discussion? Dr. Hutton's position is that the Committee has no feeling in the matter. Information has just been provided by Dr. Furey which they did not have at the time of the consideration of the report.

DR. C. PAUL WHITE, Kewanee: As a member of that Committee and with Dr. Hutton's consent I move that we adopt that report.

THE PRESIDENT: The motion is out of order, there is a motion before the House.

DR. WHITE: I am sure that as far as our Committee was concerned we did not know about the problem as it exists today. I think it was possible that we might have voted on the question as it is if we had had that information.

DR. HAROLD W. MILLER, Chicago: As another member of the Committee I would endorse what Dr. White has said. We had no information.

DR. HUTTON: In view of the information given to the House I would like to withdraw my motion to approve this portion of the Reference Committee's report, with the consent of the seconds.

DR. PFEIFFENBERGER: I withdraw my second.

THE PRESIDENT: There is nothing before the House.

DR. HUTTON: I would move that the report of the Committee on Constitution and By-laws be adopted as printed in the Handbook.

(Motion seconded by Dr. Harold W. Miller, Chicago, and carried).

Advisory Committee, American Academy of Pediatrics: This is a report of progress and the Reference Committee recommends that it be accepted as such.

(DR. HUTTON: I move the adoption of this portion of the report. Seconded by Dr. W. E. Kittler, Rochelle, and carried).

Committee on Prepaid Medical and Surgical Care Plans: We would call the attention of the House of Delegates to the fact that this Committee is engaged in the study of a highly important and very complicated problem. It has devoted a staggering amount of valuable time to this study. We can only recommend that the House approve this report and express its gratitude to the committee for the progress it has made. We recommend also that supplementary report be approved.

(DR. HUTTON: I move the adoption of this portion of the report. Motion seconded by Dr. I. H. Neece, Decatur, and carried).

Respectfully submitted, James H. Hutton, M.D., Chairman, C. Paul White, M.D., Harold Miller, M.D., R. E. Bedard, M.D.

DR. HUTTON: I move the adoption of the report as a whole as amended. Seconded by Dr. Karl Vehe, Chicago, and carried).

THE PRESIDENT: Thank you Dr. Hutton.

Report of Committee "C"

Committee on Cancer Control: This is a very complete, well-organized and well worded report and is typical of the thoroughness with which Dr Warren H. Cole works and presents his material. The extensiveness of the cancer problem is very large, and it is fortunate that the Division of Cancer Control of the Department of Health and the Illinois Division of the American Cancer Society work so harmoniously together.

There are two phases of the Cancer Control program which we believe are of utmost importance and both of these are educational problems: 1. Public Education, 2. Professional Education. It is surprising how laymen will attempt to persuade other laymen to go to quacks even when cancer individuals have been induced to submit to examination after attending a cancer meeting. It takes a lot of lay education to overcome old superstition and dangerous ill-advised lay comment.

2. Professional education, especially the Cancer Symposium sponsored and expenses paid by the Cancer Society, is a spendid opportunity and is needed to make Doctors, cancer conscious. The Maxim of "Every

Doctor's office a cancer detection center" should be publicized more to the profession. This maxim should also be applied to tuberculosis.

The various publications are noteworthy, the movies are good, the extension work is commendable. We suggest the two divisions avoid overlapping, which we believe they have avoided so far very well.

(DR. FULLERTON: I move the adoption of this portion of the report. Seconded by Dr. Karl Vehe and carried).

Committee on Tuberculosis Control: The excellent work done by the Committee on Tuberculosis Control merits commendation.

It is recognized that tuberculosis is a public health problem, but nevertheless its management requires the closest cooperation between the family physician and the public health authorities. The physician must be constantly on the alert to locate the active cases. Thereafter economic barriers usually make necessary public aid. This committee has recognized and its recommendations for financial support of their program by the state seem entirely reasonable and equitably distributed except that the southern end of the state is critically short of beds for tubercular patients.

(DR. FULLERTON: I move the adoption of this portion of the report. Seconded by Dr. Karl Vehe and carried).

Advisory Committee to the Veterans Administration: This report is brief, explicit and to the point and brings out the usual complaint. There are probably some participating physicians who do not know there has been some changes in the fee schedule and perhaps if all participating physicians receive the new schedule, it would help to eliminate some of the misunderstanding on fees or maybe the secretaries when they receive the new fee schedules also be given a list of participating physicians so the secretaries could inform them of the existance of a new schedule. Otherwise, the complaints are probably the usual ones occurring when a pre-arranged fee schedule exists.

We as participating physicians should make every effort to be congenial, prompt and pleasant so that this arrangement will not be taken away from us.

(DR. FULLERTON: I move the adoption of this portion of the report. Seconded by Dr. Karl Vehe and carried).

Committee on Venereal Disease Control: The Committee reviewing "Report of the Committee on Venereal Disease Control", as submitted by Doctors Neece, Culver, Heckel and Wheeler commends these gentlemen on the comprehensive report they have presented.

Of particular significance are 1. the efforts of the Division of Venereal Disease Control in keeping the practising physician abreast with newer knowledge of therapy by means of the "Physicians Bulletin of Venereal Disease Control" and 2. by providing laboratory facilities to assist private physicians in following the therapy of their own patients serologically by quantitive tests.

The definite, but gradual, decrease in Venereal Disease rates reported is gratifying. This Committee recommends that increased efforts be made by the Division of Venereal Disease Control to improve downstate hospital facilities so that diagnosis and evaluation of Venereal Disease cases may equal that of the special centers in Chicago and St. Louis.

(DR. FULLERTON: I move the adoption of this portion of the report. Motion seconded by Dr. Vehe and carried).

Committee on Military Affairs and Emergency Medical Service: This is a very important committee and its report requires almost a daily addition to keep it complete. Each county has a county chairman for this very important function. It is believed that close co-ordination is necessary between county units and neighboring state contacts in order to provide emergency care in case of a bombing attack or any great disaster. However, there has not been an official pattern for organization by a national authority.

A major disaster, such as an atomic bombing, would call for a system of emergency medical care coming from the periphery of the disaster as the medical service in the area of the disaster would be knocked out. Therefore the necessity of co-ordinated county and state units is obvious.

The problem of needed medical personnel in the military service is critical both from the standpoint of their need and also for our own public relations. Efforts to get the men who were trained in the A.S.T.P. and V-12 programs into military service have not been very fruitful. The methods that have been used are by means of correspondence, telephone and telegrams. It is hoped that personal interviews will be more productive. There are 459 of these men in Illinois, 42 are in 22 of the downstate counties, 417 in Cook County.

Louis Johnson, Secretary of Defense, has advertised in the metropolitan papers asking for enlistment of Doctors. It was learned Monday night that a bill has been written in Congress for a Doctor Draft and ready to be dropped into the legislative hopper at any notice. It is presumed that Mr. Johnson may wait for some two or three weeks on the enlistments and then the Draft Bill will be introduced.

This will stink and with the threat of socialized medicine, we certainly don't want this kind of unfavorable publicity.

It is the recommendation of this committee that:

1. Every effort must be made to get young doctors, especially those trained under the A.S.T.P. and V-12 programs into military service. These men have at least a moral obligation to the nation.

2. That the military service be contacted and urged to investigate the record of these men and find out what kind of men they are before there is any unfavorable publicity released.

(DR. FULLERTON: I move the adoption of this portion of the report. Seconded by Dr. Vehe).

DR. CHARLES H. PHIFER, Chicago: I think the Medical profession could do themselves a great deal of good at the present time if they would not condone the appointment of these people to residencies unless they have cleared with the Secretary of Defense and his office.

DR. P. R. BLODGETT, Chicago Heights: In the second recommendation I move that the Navy be contacted as well as the Army.

THE PRESIDENT: It is military services.

DR. PHIFER: I think at this particular time when we are signing up men for advanced residencies, if the hospitals that have residencies coming up will sign up and if the men on the Committee will bear that in mind it will give your Committee something to work on.

THE PRESIDENT: Are you ready for the question with this minor change in the report which is agreeable to the committee? (Motion carried).

Respectfully submitted, Willard W. Fullerton, Karl Vehe, Joseph Grandone, C. C. Saelhof.

DR. FULLERTON: I move the adoption of this report as amended as a whole. (Motion seconded by Dr. Phifer and carried).

THE PRESIDENT: Thank you Dr. Fullerton.

Report of Committee "D"

Committee on Rural Medical Services: Your reference Committee approves the report of the Committee on Rural Medical Service and we recognize the excellent work being done by this Committee and due to the great amount of unfinished business they have initiated, we recommend that the present personnel of this Committee be retained.

(DR. OLDFIELD: I move the adoption of this portion of the report. Seconded by Dr. I. H. Neece, Decator, and carried).

Committee on Crippled Children's Clinics: Your Reference Committee accepts the statistical report of the Committee on Crippled Children's Clinics. It is suggested that because of occasional instances of care of private patients by the clincs without proper referral by the attending physician that an organized system for referring patients to these clinics be inaugurated.

DR. OLDFIELD: I move the adoption of this part of the report. Seconded by Dr. B. E. Montgomery, Harrisburg, and carried).

Committee on Industrial Health: Your Reference Committee accepts the report of the Committee on Industrial Health with the following suggestion — that insurance policies be so worded that the insured patients are not afforded a sense of false security as to financial assistance.

(DR. OLDFIELD: I move the adoption of this portion of the report. Seconded by Dr. A. E. Dale, Danville, and carried).

Maternal Welfare Committee: Your Reference Committee accepts the excellent report of the Maternal Welfare Committee and commends them for the excellent work being done by this committee.

(DR. OLDFIELD: I move the adoption of this portion of the report. Motion seconded by Dr. Robert Hayes, Chicago and carried).

Respectfully submitted, R. C. Oldfield, M.D., Chairman, Justin McCarthy, M.D., A. E. Dale, M.D., J. P. FitzGibbons, M. D.

DR. OLDFIELD: I move the adoption of the report as a whole. (Motion seconded by Dr. A. E. Dale, Danville, and carried).

THE PRESIDENT: Thank you Dr. Oldfield. The next report will be from the Reference Committee to receive and report on Report of Editor, Committe on Scientific Work, Woman's Auxiliary, Advisory Committee to the Woman's Auxiliary. Dr. B. E. Montgomery will present the report.

Report of Committee on Report of Editor, etc.

Report of Editor: This Committee wishes to comend the Editor for his fine work in maintaining the high standards of the Journal. We would like to emphasize the necessity of all contributors to keep their papers within reasonable length and to follow the instructions of the Editor with referenct to long bibliographies and historical information.

We are pleased to note that Dr. Theodore R. Van Dellen has taken over the Assistant Editorship and has evidenced new and useful ideas for the further improvement of our State Journal.

There is no doubt but that the brevity, readability and format of the Journal increases its value to all readers.

This Committee wishes to recognize and express its deep appreciation to Dr. Camp for his long, faithful and highly competent service as Editor of the Journal, and it is with pleasure that we now note that he has an assistant with whom to share his work.

(DR. MONTGOMERY: I move the adoption of this portion of the report. Seconded by Dr. Bernard Klein, Joliet, and carried).

Committee on Scientific Work: This Committee is of the opinion that the organization, presentation and content of the Scientific program is evidence of a lot of hard work and thought on the part of the Committee on Scientific Work. The program is well diversified and the Scientific movies are well chosen. The Scientific exhibits cover a broad field of medical subjects and are well selected and arranged.

We would like to recommend that the same type of well diversified and interesting Scientfic Program and Exhibits be maintained and presented at the next annual meeting.

The Committee on Scientific work is to be most highly commended for its fine work in the preparation and presentation of this fine program.

(DR. MONTGOMERY: I move the adoption of this portion of the report. Seconded by Dr. Robert H. Hayes, Chicago, and carried).

Woman's Auxiliary: The Committee recognizes and commends the Woman's Auxiliary to the Illinois State Medical Society for its very active and important work during the year. Particular credit is due the women for their activity against Compulsory Health Insurance. Since the battle against Political Medicine will continue through forthcoming years we would recommend, for this as well as other reasons, that more medical societies increase their auxiliary activities, so that those County or Branch County societies that have none organized do so at their earliest opportunity. Certainly, the excellent work of the Woman's Auxiliary in its many contacts has greatly strengthened County medical and State effectiveness, and its work cannot be over-extended.

(DR. MONTGOMERY: I move the adoption of this portion of the report. Seconded by Dr. Robert H. Hayes, Chicago).

DR. D. B. POND, Chicago: In the absence of the immediate past President, Mrs. Hamm, she wishes a supplementary report made to the House of Delegates. She reports that $1,241 was turned over to the Benevolence Fund. Up to this time $3500.14 has been turned over to the Fund. In regard to orgainzation, four new counties have been organized, Crawford, Mercer, McLean and Dekalb.

THE PRESIDENT: Thank you Dr. Pond for your informative discussion of Mrs. Hamm's report. (Motion carried).

Advisory Committee to Woman's Auxiliary: The report of this Committee indicates that the Woman's Auxiliary has been very active during the past year.

Our recommendation is that the Society, through its Advisory Committee, continue its close relationship with the Woman's Auxiliary and attempt, in every way possible, to encourage and assist them in the organization of more new County groups, and in their fine public relations work in bringing the fight against political medicine to the various lay groups of their communities.

It is noted with regret that at present there are only 22 organized Counties in the Auxiliary. This Committee would earnestly recommend that concerted effort be made to organize the remaining 79 Counties that have no organization whatsoever.

Your Committee feels that the Advisory Committee to the Woman's Auxiliary should contact each County Society and urge concerted action with reference to the organization and expansion of our Woman's Auxiliary.

(DR. MONTGOMERY: I move the adoption of this portion of the report. Seconded by Dr. Bernard Klein, Joliet).

DR. H. K. SCATLIFF, Chicago: If I may be pardoned for mentioning the subject a little farther, there are certain counties where there are not enough doctors' wives to form an Auxiliary. In line with the recommendation the Chairman has made, I would like to state that all these counties have been contacted and those counties in which there are too few doctors' wives these women are received as members at large. There are ten or twelve so designated. They propose to cover the field in that way.

DR. C. PAUL WHITE, Kewanee: I think in the downstate societies you could very well encourage your Woman's Auxiliary if on the night of your meeting you had the women meet with you for dinner. That has been followed in our Society which has two counties, Henry and Stark. In Stark County they have not enough members to constitute a working group. This plan has worked out fine. The women like it and it helps to get the doctors out. We have dinner and then the women retire to someone's house for their meeting. They have a very defiinite program scheduled for the year just the same as we have. This is just offered as a suggestion on how some of your downstate societies may increase the effectiveness of your Woman's Auxiliary. We find in Henry and Stark counties they have really done a fine piece of work. (Motion carried).

Respectfully submitted, B. E. Montgomery, Chairman, Charles Pope, A. J. Zmugg, Harry Dooley.

DR. MONTGOMERY: I move the adoption of the report as a whole. (Motion seconded by Dr. Bernard Klein and carried).

THE PRESIDENT: The next report is from the Reference Committee on Miscellaneous Business, Dr. T. G. Knappenberger presenting the report.

Reference Committee on Miscellaneous Business

Report of Committee on Mental Hygiene: We feel that the substance of this report is of such vital interest and importance to both the public and the Medical Profession that the Committee should be continued. We so recommend to the Council.

(DR. KNAPPENBERGER: I move the adoption of this portion of the report. Motion seconded by Dr. B. E. Montgomery, Harrisburg, and carried).

Committee on Nutrition: We recommend to the Council that this report be accepted.

(DR. KNAPPENGERGER: I move the adoption of this portion of the report. Motion seconded by Dr. Karl Vehe and carried).

Committee on Medical History: We wish to commend this Committee for the tremendous amount of time and effort put into their study — we especially liked their scholarly and classified approach to the whole subject. We recommend to the Council that it be allowed to continue its service to the Society.

(DR. KNAPPENBERGER: I move the adoption of this portion of the report. Seconded by Dr. Richard Greening and carried).

Advisory Committee to the State Commission on the Chronically Ill: We feel that this Committee has its problem well in hand and recommend to the Council that the same Committee be re-appointed.

(DR. KNAPPENBERGER: I move the adoption of this portion of the report. Seconded by Dr. Karl Vehe and carried).

Respectfully submitted, T. G. Knappenberger, Acting Chairman, Robert McCready, G. F. Cummins, Joseph Mullen.

(DR. KNAPPENBERGER: I move the adoption of the report as a whole. Seconded by Dr. Robert Hayes, Chicago, and carried).

THE PRESIDENT: The next order of business will be the report of the Committee on Resolutions to be presented by Dr. G. Henry Mundt.

Report of Committee on Resolutions

A Solution for the Problem of Increasing the Availability of Medical Care.

"Resolved, that the Illinois State Medical Society hereby reaffirms its belief that the best solution for the problem of increasing the availability of medical care is to be found through continuing expansion with voluntary and competitive prepayment plans, sponsored by non-profit as well as by commercial insurance companies, consistent with the highest standards of medical practice."

DR. MUNDT: One member and another interested individual appeared before the committee to discuss this resolution. They were slightly disturbed because we wished to reaffirm a statement previously affirmed by the House of Delegate. Your committee sees no objection to reaffirmation. However, if it is the opinion of the House that we should not reaffirm but stand on our previous action, the committee will not be dissatisfied.

I move the adoption of this portion of the report. (Motion seconded by Dr. Walter Hammond of Chicago).

DR. THOMPSON: The word "expansion" in the resolution was "experimentation" in the original resolution.

DR. MUNDT: We recommended the substitution of the word "expansion" for "experimentation".

THE PRESIDENT: That does not change or alter the report of the Committee whatsoever. (Motion carried).

Objection to Method of Payment for Medical Service to Recipients of Old Age Assistance and Aid to Dependent Children.

(See page 76, July issue.)

DR. MUNDT: Your committee agrees in principal with the spirit of the above resolution. However, there are two propositions which we must consider. First, that the method of payment in vogue is dictated by federal law. This would doubtless be difficult if not impossible to change. Second, there is the question that if it were changed so that the federal government paid directly whether it might not be construed as a type of federal or socialized medicine. Your committee recommends that this be referred to the Council with power to act. I move that this resolution be referred to the Council with power to act. (Motion seconded by Dr. B. E. Montgomery, Harrisburg).

DR. HARRY PHILLIPS, Anna: Those of us from the rural communities are all faced with the same problem. Our county represents a small percentage of physicians but the surrounding counties are continuously hammering away at this. We share the sentiments brought out by Randolph County. There are a great many unpaid bills tacked up against a blank wall. They are clamoring for State Medicine. It is true one way to get aid to these individuals and to avoid the claim that the physicians do not give them service is to pay the doctor directly. There are a lot of night hours, the roads are bad, they live in back of the hills and these individuals when it comes to pay are not there. I think this resolution deserves consideration. We should give it consideration whether it comes direct from Washington or we get it through the state. I do not know what the answer is but some consideration should be given.

DR. C. PAUL WHITE, Kewanee: As representative from Henry County, it has been my privilege or duty to be Chairman of our County Public Aid Committee since its inception. Dr. Hutton's Committee noted that there was some trouble in collecting this money. We had this in mind and expected to take it up with Dr. Coleman. We too desire that this resolution of Dr. Hutton's Committee be adopted because it is impossible to change the law in the matter of payment for these visits. I am sure that we must be consistent. We do not want the government entering directly into relationship with the doctor in any phase and I should say let the federal or state agents get their foot in the door by paying us directly for these indigents or public aid assistance patients and they will eventually finish the job of socializing our profession. Our idea was this. I have looked into this matter considerably and have been told that the Commission did not get this money allocated in large amounts; we do believe it is possible for those that are paying the bills to reorganize their economy in such a way that instead of submitting these bills from month to month for the balance the patient may owe, that the bills be paid regularly. Suppose the patient gets a bill for $25 and it is unpaid for a period of three months; during that three months there is another bill for a broken arm or some medical care, and then there is another bill; that adds to the confusion which Dr. Hutton referred to. It adds to the confusion of the recipient of the money. It likewise adds to the confusion of the bookkeeping in your office. We favor the recommendation in the motion of Dr. Hutton that some effort be made by Dr. Coleman and his Committee to try to get the bills paid to date after they have been properly endorsed by the Committee in your local Society. If that were done then it would simplify the matter of your clearing your bills and you would know where you stand at the end of the month if these recipients did not come in to pay their bills. Then I would remind you to call your Public Aid office and state that those bills are not being paid. The case worker on that case is duty bound to go to the recipient and say to him that he has to pay the doctor's bills, or to see that some effort be made to collect them. As that is a more or less set up procedure, it seems to me that we would simplify this whole matter if we were able through Dr. Coleman's Committee to take care of it. I want to say he has done much to simplify the work of the doctors and to take care of the profession in his relations with the Public Aid Commission. I think he and his Committee can well do a great deal more in helping us. I believe particularly that it would satisfy most of us if we knew that these people who get this money get the full amount for the bills they are to pay rather than get a staggered amount over a period of months. That seems to be what muddles up the thinking of the patient because they hardly know where they stand, for likewise they are getting a little extra money for a bottle of olive oil or a pair of glasses. We cannot expect our own problem to be the only one. I do believe that Dr. Coleman and his Committee can take care of it.

DR MUNDT: The Committee approved in principle. I want to call your attention to the fact that we asked the resolution be referred to the Council with power to act. (Motion carried).

Poll of Members of the State Society as to their Position Concerning Compulsory Health Insurance

(See page 76, July issue.)

DR. MUNDT: Your Committee is of the opinion that a poll such as is proposed in the above resolution may be desirable. There is some question, however, as to whether the information gained will be worth the effort and cost of conducting the piece of research.

There is some question in the minds of the committee as to the method by which the poll should be conducted, whether by mail with return cards or by the secretaries of the less populous counties conducting the poll and reporting to the Illinois State Medical Society.

Your committee recommends that this resolution be referred to the Council with power to act. I move that this portion of the report be adopted. (Motion seconded by Dr. Robert Hayes, Chicago).

DR. MATHER PFEIFFENBERGER, Alton: Are we not taking a poll now by our $25 payment?

(Motion carried).

Salary of Director of Department of Public Health

(See page 75, July issue.)

DR. MUNDT: Your committee recognizes the desirability of passing the above resolution and so recommends. We further recommend that the Council be urged to follow through on this action. I move the adoption of this portion of the report. (Motion seconded by Dr. Karl Vehe, Chicago, and carried).

DR. MUNDT: Concerning the resolution presented from the Illinois State Dental Society this morning stating that the Illinois State Dental Society memorialize the Congress of the United States not to enact any legislation which would in any way interfere with the progressive development of medical and dental care, we recommend that the Secretary acknowledge the receipt of the resolution and express our appreciation, that we advocate the passing of the same resolution and we ask our Secretary to edit the resolution if needed. I move the adoption of this portion of the report. (Motion seconded by Dr. B. E. Montgomery, Harrisburg, and carried).

DR. MUNDT: This report is made by Drs. P. C. Rumore, Walter Hammond, J. Eric Gustafson and G. Henry Mundt. I move the adoption of the report as a whole. (Motion seconded by Dr. Bernard Klein and carried).

THE PRESIDENT: I am grateful to you gentlemen of the committees for your work and it is work. It requires a lot of time to consider these reports intelligently and to report on them. We are grateful to you for your cooperation.

There is no unfinished business so we will pass to new business.

DR. W. E. KITTLER, Rochelle: A few months ago Logan County adopted a resolution to send a letter to the President of the United States, the Senators and the Congressmen of each District concerning the National Health Insurance. I have a letter from representative Leo I. Allen acknowledging the resolution, which is favorable to the thinking of the medical profession. Our Secretary wrote to each of the above named men and also to each individual member of the Society to urge them to write. I feel that since Congressman Allen was kind enough to answer the letter I would like to make a motion that this House of Delegates request our Secretary to acknowledge this letter either by telegram or letter. (Motion seconded by Dr. J. Eric Gustafson, Stockton, and carried).

DR. H. K. SCATLIFF, Chicago: I would like to include any other letters from Congressmen that have been received.

THE PRESIDENT: Will you consider that in the original motion, Dr. Kittler instead of having to act on the amendment?

DR. KITTLER: Yes.

(Motion was carried).

THE PRESIDENT: Under new business the Chair recognizes Dr. Hutton.

DR. HUTTON: The House has been told about three tuberculosis bills S-360, 361, 362. These provide for the erection of three 250 bed hospitals, two in Chicago and one downstate; $6,000,000 to assist local sanatorium boards, and $1,000,000 to assist in the repair and rehabilitation of existing facilities. At a recent conference Gov. Stevenson told representatives of The Eradication Committee that money would not be appropriated for the building of hospitals and that only $5,000,000 could be allocated for the assistance of local sanatorium boards and $1,000,000 for repairs, etc. This, of course, is quite disappointing particularly in view of the fact that the Senate recently passed a bill appropriating over $6,000,000 for the erection of a cancer hospital. Cancer is still in the research stage. We know much less about it than we do about tuberculosis. I wonder if we should not send the Governor a letter, pointing out that if the state had plenty of money it would be nice to build hospitals for cancer, alcoholism, etc., but that until the state does have more money it should concentrate on its most urgent needs and on those things we already know how to do. Tuberculosis is a contagious disease and the State's No. 1 public health program. Therefore, adequate hospitals should be built to take care of its victims before the state takes on other projects. I move that this House of Delegates direct the Secretary to send the Governor a letter embodying these ideas. (Motion seconded by Dr. J. Eric Gustafson, Stockton and carried).

THE PRESIDENT: I now recognize Dr. Richard Greening.

DR. GREENING: Dr. Bornemeier has asked me to submit this matter to the House of Delegates:

Since the officers, Councilors and Chairmen of certain committees are privileged to render reports annually for publictaion in the Handbook — I move that the delegates from the State of Illinois to the A.M.A. also submit reports for publication, each delegate and/or alternate submitting an individual report, and the Chairman of the delegation reporting for the

whole, such reports to be then referred to a spearate reference committee for review and report.

(Seconded by Dr. Karl Vehe, Chicago, and carried).

THE PRESIDENT: The Chair asks the privilege of the floor for Dr. A. J. Sullivan.

DR. SULLIVAN: I want to make a plea for the recognition and endorsement of the Association of American Physicians and Surgeons.

(Dr. Sullivan gave an interesting story of the organization, functions, and achievements of the Association of American Physicians and Surgeons, organized in 1943, and which has enjoyed a steady growth to the present time. He stated that to date, some 14 state medical societies and nearly 200 county socieities have endorsed the organization and its program. He urged that the Illinois State Medical Society likewise give its approval to the Association's principles and objectives.)

DR. C. PAUL WHITE, Kewanee: I move that it be given to the Council with power to act. (Motion seconded by Dr. Robert Hayes, Chicago).

DR. JOHN WALL, Chicago: I think this gentleman made a plea. If we are going to take any consideration of this thing it should be done now. I would like this discussion to be taken up.

(Motion carried).

DR. H. M. HEDGE, Chicago: We are to have a meeting of the Council after the present meeting has adjourned.

Concerning the appointment of Dr. Roland R. Cross as Director of the Department of Public Health, Governor Stevenson has indicated that if we receive approval from the House of Delegates he would forthright immediately see that the appointment is made. I would appreciate very much if such a letter be sent.

DR. A. M. VAUGHN, Chicago: I move that such a letter be forwarded to the Governor. (Motion seconded by Dr. Robert Hayes, Chicago, and carried).

THE PRESIDENT: Do you wish to take any action regarding the World Medical Association referred to in the letter of Dr. Louis Bauer?

DR. P. R. BLODGETT, Chicago Heights: I move that it be referred to the next House of Delegates. (No second).

DR. G. H. MUNDT, Chicago: I move that the House of Delegates approve the World Medical Association and that the membership of the Illinois State Medical Society be encouraged to join this World Medical Association. (Motion seconded by Dr. B. E. Montgomery, Harrisburg, and carried).

DR. HAMILTON: I would like to meet with the members of the House of Delegates of the A.M.A. who are going to meet in Atlantic City next month. I have something very urgent to take up.

DR. G. H. MUNDT, Chicago: It is customary after each meeting that the Secretary be authorized officially to thank all the groups who participated in making this unusually good meeting. (Motion seconded by Dr Robert Hayes, Chicago, and carried).

THE SECRETARY: I have the following list of candidates for Emeritus membership:

Rollo E. Little, East St. Louis, St. Clair County
Anson L. Nickerson, Kankakee, Kankakee County
Joseph A. Guertin, Kankakee, Kankakee County
John R. Pollock, Quincy, Adams County
William W. Williams, Quincy, Adams County
William G. Turney, Shelbyville, Shelby County
Robert E. Gordon, El Paso, Woodford County
F. W. Blatchford, Virgin Islands, U.S.A., Chicago Medical School
Matthew Evertz, Riverside, Ill., Chicago Medical School
H. F. Langhorst, Elmhurst, Du Page
Thomas E. Cherry, Cowden, Shelby County

DR. P. R. BLODGETT, Chicago Heights: I move that they be elected. (Motion seconded by Dr. Robert Hayes and carried).

THE SECRETARY: I have the following applicants for past service membership:

Robert K. Campbell, Springfield, Sangamon County
Graham M. Lisor, Elgin, Kane County
Irvin S. Koll, Chicago, Chicago Medical School
William P. Schoen, Chicago, Chicago Medical School
Otto Schwartz, Hollywood, Calif., Chicago Medical School

(DR. BERNARD KLEIN, Joliet: I move that they be elected. (Motion seconded by Dr. B. E. Montgomery and carried).

THE SECRETARY: I have a recommendation from the Warren County Medical Society for Honorary membership for Dr. Frank C. McClanahan who is a medical missionary in Assiut, Egypt. He has been a member of this Society, a Fellow of the A.M.A., a Fellow of the American College of Surgeons and said to be the outstanding surgeon of the whole of Egypt. He is a member of my own County medical society. He is a brother of Dr. Victor A. McClanahan who is a member of this House. In the By-laws such action requires a nine-tenths vote of those present.

DR. W. E. KITTLER, Rochelle: I so move. (Motion seconded by Dr. E. H. Weld, Rockford, and unanimously carried by a standing vote).

THE PRESIDENT: Thank you very much gentlemen for your patience and indulgence. It is now my pleasure to perform a happy task. I am going to request the new President-elect of the State Society to escort Dr. Walter Stevenson to the rostrum.

Dr. Stevenson, it is a pleasure to install you as President of the Illinois State Medical Society and to hand you this gavel which is a priceless possession of the Society. May I assure you the support of the entire State Society membership.

DR. WALTER STEVENSON: Dr. Hopkins, Chairman, ladies in the rear of the room, members of the House of Delegates and guests: When I first became active in the so-called official family of this great Society little did I realize or even dream that when I was to be laid on the shelf of the Society's antiquities that I would be there as an ex-President of

the Society. I have accepted this great honor with deep humility first, because I can not hope to successfully fill the shoes of my distinquished predecessors, and both the immediate and ex-presidents and secondly, because the coming year portends serious and even dangerous forebodings to the private practice of medicine. Those who would destroy the liberties and freedoms that we have had passed on to us have been knocking on legislative doors for years and too few of us have realized that they would destroy human liberties. Now at long last the profession is aroused, because we know we have done a great job for the American people. We have done this selflessly and sincerely in the desire to provide the people of this great nation with what we know is best for them. Our motto has always been, what is best for them is best for us and nothing is too good for either of us. Never has our profession opposed anything that will redound to the eradication of the ills that humans are subject to. More than that, the profession has finally realized that their many efforts as sincere as they have been have not been fully apreciated by a certain cross-section of this country. We have done a great job for the American people and we now intend to advertise our achievements. I love my profession and I live it twenty-four hours a day. I am proud of it. I am proud to be a doctor of medicine. I deeply appreciate the honor I am accepting. I hope I will not fail you. You must realize that with your help I will give you my all and do my very best for all of you. I want to thank you very, very much. (Applause).

THE PRESIDENT: Is there any other business to come before this House?

DR. W. O. THOMPSON, Chicago: I move we adjourn *sine die*. (Motion seconded by Dr. Robert Hayes and carried).

The House of Delegates adjourned *sine die* at 12:55 P.M.

VALUE OF AN ANNUAL EXAMINATION

In this age of specialization, streamlined offices, and super drugs, it might be well for all doctors to remember that the patient is primarily looking for understanding and security as well as relief from physical distress. An inquisitive mind, proper use of the five senses, and sufficient time to allow their proper use, is still the essence of good diagnosis. An annual health survey offers to the patient the re-assurance of the continued interest of the doctor in the future of his health. Both the internist and general practitioner can offer this type of service to their patient and in doing so will make a significant contribution to the practice of American medicine.

Excerpt, An Annual Examination for Your Patient, Robert B. Marin, M.D., Montclair, N. J., The Journal of the Medical Society of New Jersey, June, 1949.

BOOKS, AND CIVILIZATIONS' FOUNDATIONS

The entire library, including the archives, at Louvain, Belgium, was destroyed. —200,000 books at the University of Rangoon; untold millions of books in China, two and one-half million books destroyed in France; 250 libraries in Italy; over seven million books burned in Poland, and thus the story of the burning of the books and confiscations of the basic skills of progress around the world. The foundations of our civilization have never been truly broad, now even large portions of these foundations have crumbled. Indeed we must strengthen the wall if the whole building is not to collapse.

Excerpt, Tools for Tomorrow's Civilization — Educational Reconstruction Abroad, Bulletin of the American College of Surgeons, June, 1949.

COUNCIL MEETING MINUTES

The regular June reorganization meeting of the Council was held at the Palmer House, Chicago, on Sunday, June 12, 1949, with the following present: Stevenson, Hedge, Hoeltgen, Camp, Hughes, O'Neill, Stone, Harker, Hawkinson, Vaughn, Saunders, Bornemeier, Peairs, Blair, Hulick, English, Lane, Otrich, Hamilton, Berghoff, Neece, Hopkins, Cross, Scatliff, Neal, Leary and Frances Zimmer.

Minutes of last meeting approved as mailed to members. Chairman Hawkinson introduced new member Bornemeier, and called to attention of Council, re-election of Saunders, Blair, Peairs, Hulick and English for three year term.

Secertary gave usual report, telling of recent AMA meeting held in Atlantic City, stating that as requested by House of Delegates at our own annual meeting, next year in the hand book there will be a published report from the Delegates to the AMA from this Society. Final copy to be submitted by Charles H Phifer as chairman of the Illinois delegates.

Attention called to the registration at our annual meeting in Chicago during May; overall registration, 3,606; 2,506 physicians, 443 exhibitors and 658 guests. Called attention to desire of House of Delegates for a downstate meeting in 1950. Springfield apparently only city outside of Cook County which might have the necessary facilities, and these to be investigated within the next week.

The Auditor's report was presented by the Secretary, and the usual financial report of the treasurer was presented. Hamilton, as chairman of finance committee, discussed the reports, calling attention to the fact that more money was spent during the past two years than ever before, this being necessary as our part of the national educational campaign, new activities which were essential, etc. Believes money should be spent wisely, and when necessary, should not hesitate to use funds from the accumulated reserve. Recommended that salaries of all employees and honorariums remain same as for the past year.

Stevenson reported as president, telling Council of the Annual Conference of Presidents and other State Society officials which he attended in Atlantic City. Necessity for county societies throughout the country to continually stress the importance of furnishing all emergency medical care, continuance and increasing medical public relations activities, were emphasized at this conference. Told of three outstanding English physicians who addressed the group, as well as at other sessions during the meeting, and their expressions that they hoped the United States would never follow Britain's footsteps and develop a National Health Service similar to the British plan were most appealing.

Individual Councilors gave short reports.

Vaughn told of a letter from Thomas Hull in charge of the AMA Scientific Exhibit, in which he congratulated the Illinois State Medical Society for the outstanding Scientific Exhibits at the recent annual meeting, under direction of Dr. Coye C. Mason. Similar reports had been received from distinguished guest speakers from the East Coast, West Coast, South, and several other parts of the country. Believes the Society should encourage the continuation of the splendid scientific exhibit as part of the annual meeting.

Work of the Medico-Legal Committee was briefly outlined by Hawkinson, following a question asking what services were now being given by the committee to members threatened with alleged malpractice suits.

Hawkinson, as Chairman of the Council, read the long list of committee appointments, these presented by the Chairman and subject to Council approval. Motion, Hedge—Saunders, that same be approved, motion carried. Motion, Saunders-Hamilton, that Harold M. Camp be elected as editor for the Journal for the next year. Carried. By proper action, all salaries and honorariums were placed at the same rate as for the past year. Likewise appropriations for activities of several committees were set at the same rate as for the past year.

Hopkins told of recent activities of the Committee on Medical Service and Public Relations, emphasizing his request that early arrangements be made for setting up instruction courses for speakers throughout the state. Desires to start in late summer or early fall. Told of some of the things the committee has in mind for the next half year.

Neal told of what has been going on in the state legislature relative to the interests of medical profession. Promised a bulletin following the close of the legislative session.

Leary told the Council what has been done in his office at 185 North Wabash Avenue since the previous meetings. Some 250,000 pamphlets have been sent out in addition to many hundreds of the sets of cards which he prepared for speakers. He has been working on copy for some county societies desiring to use the press carrying a series of advertisements, with a radio tie-up as a part of the program in one county particularly.

Hopkins also reported as chairman of the Committee on Voluntary Prepayment Care Plans, reporting on a recent meeting with the AMA Council on Medical Service. The main item for consideration was the increased enrollment of members under any and all approved form of voluntary prepayment plans for medical and surgical care. Referred to the recent action of the State Society's House of Delegates which approved the expansion of the Illinois Plan, as well as the service type of coverage such as is offered by the Chicago Medical Society Plan. Several counties outside of Cook are considering or now developing plans to use Blue Cross as selling agency.

Blair reported as chairman of the Educational Committee, stating that six months of health education on television had been completed, and his committee was most enthusiastic on this project. Referred to increasing interest in *Health Talk*, and Blair gave assurance that his committee desires suggestions and criticisms at any time.

The report of Frank G. Murphy, as chairman of the Crippled Children's Clinic Committee was read by the Secretary, as it was received too late to appear in the hand book. His committee held a meeting during the annual session, and it was their desire to avoid as much as possible, duplication of effort on the part of the several agencies now conducting crippled childrens clinics in Illinois.

There was a general discussion of procedure to be followed relative to the selection of the outstanding general practitioner, emphasizing this year the fact that it is desirable to select men from the respective counties who have given outstanding services to their communities over a period of years, rather than services during the past year.

Secretary was instructed to send this information to the component societies as soon as possible, as all applications for the outstanding general practitioner for individual counties should be in the hands of the Secretary not later than October 1st.

The following members were elected to Emeritus Member status following receipt of request from their respective county societies: F. C. Hamilton, Kankakee; L. A. Burhans, William Cooley, Charles G. Farnum, W. A. Hinckle, George W. Parker, and H. M. Sedgwick, all of Peoria.

The following by proper action were elected to Past Service Membership: R. G. Scott, Geneva, and C. E. Mayes, East Moline State Hospital.

Motion; Hughes—Lane, that bills as audited by finance committee be approved. Motion carried.

Around the luncheon table, Vaughn stated that it was quite probable that the outstanding case reports from Cook County Hospital would be received in the near future for publication in the Illinois Medical Journal.

Blair, as the only member of the Committee on Medical History present, told of the research work being done by Miss Salmonsen and her assistants. This phase of the work will be completed in the near future.

Cross told of recent activities in the health department, and referred to some bills in which the department is interested. Complimented Neal for some fine work done recently in his responsible position with the Society.

Scatliff reported as representative from this Society to the "Grass Roots" Conference held in Atlantic City Sunday, June 5. His report appeared in the July, 1949, Illinois Medical Journal.

Correspondence was referred to the Council, letters from Earl E. Kleinschmidt, associate professor of preventive medicine, University of Illinois College of Medicine, E. H. Ochsner, and from the Section on Radiology. These received careful consideration by the Council.

Council authorized the Secretary, Frances Zimmer and Coye C. Mason to go to Springfield and make thorough investigation of facilities available for a good annual meeting in 1950, and report to the Council with recommendations by mail. A motion was made and approved that the 1950 annual meeting be held in May, and preferably a Tuesday-Wednesday-Thursday meeting.

Meeting adjourned at 2:30 p.m.

Harold M. Camp, M.D., Secretary

PATHOLOGY CONFERENCES

EDWIN F. HIRSCH, DEPARTMENT EDITOR



Primary Carcinoma of the Ethmoid Sinus

Kane Zelle, M.D.
Springfield

Many reports on carcinoma of the nasal and paranasal structures have been published. Those covering a large series of cases are concerned chiefly with therapy or clinical manifestations and have given little or no consideration to the pathology. When reports of carcinoma of a cranial sinus, such as the ethmoid are reviewed, difficulties are encountered because at the time most of the patients presented themselves for examination to a physician, or when the postmortem examination was made, local extension had occurred so that the sinus of origin of the tumor could not be established beyond doubt. Greschickter[1] has stated that the majority of carcinomas of the nose arise in the middle turbinate region at the embryonic site of the outpouching of the sinuses. The antrum of Highmore soon is invaded by carcinomas primary in the nasal cavity, the ethmoid or extra-sinus tissues. Ringertz[2] in reporting on 281 carcinomas of the cranial sinuses found that the ethmoid was involved in 43.1 per cent, the cavum nasi in 49.1 per cent and the antrum of Highmore in 86.7 per cent. Of this large number of carcinomas involving the ethmoid, only one was confined to the single sinus without evidence of local extension. This patient had a squamous cell carcinoma with metastases to the cervical lymph nodes.

Reviewing the work of many authors, Ringertz found three generally recognized histologic forms of nasopharyngeal carcinomas: (1) cylindrical cell, (2) squamous cell, and (3) undifferentiated cell. The last group of anaplastic tumors was designated "Schneiderian carcinoma" by Ewing because the characteristics of the cells of origin are not duplicated by those in other regions. Ringertz added a fourth classification, the adenocarcinomas. In the 27 solid cylindric cell carcinomas of his report most of them involved the ethmoid, the nasal cavity, and the antrum of Highmore, except four where the

From the Henry Baird Favill Laboratory of St. Luke's Hospital, Chicago.

growth was confined to the ethmoid and the antrum. Five had regional lymph node metastases and two distant metastases. All of the ten adenocarcinomas involved the ethmoid, antrum, and nasal cavity. There were no metastases. In twelve undifferentiated cell carcinomas, nine involved the ethmoid, usually with extension into the nasal cavity and antrum. Four of these had associated metastases in the regional lymph nodes and one in the mediastinum.

Meyer[3] reported two carcinomas of the ethmoid, both confined to that sinus. One had arisen in the right lamina cribrosa. Watson[4] in a series of 127 carcinomas of the paranasal sinuses found seven carcinomas of the ethmoid, three with metastases. Barnes[5] reported six tumors in which the ethmoid alone was involved, and eighteen more in which there was extension into the antrum and sphenoid. He stated that probably most of the second group arose in the ethmoid. There were metastases in the brain, dorsal vertebrae, and the bones of the face and skull. Geschickter reported a large series of carcinomas of the nasal and paranasal sinuses, but made no attempt to localize the primary site of the tumors to a single sinus. He designated the squamous cell carcinomas as cancers of the maxillo-ethmoid region, and stated that they usually erode the bone and invade the surrounding structures before being detected. New[6] and Quick[7] also reported a large number of cancerous growths of the nasal sinuses, but their discussion was mainly clinical and therapeutic. There are also publications of a single patient, or a small group of patients without descriptive pathology. My report has interest because the origin of the tumor was clearly in the ethmoid sinus and because there were extensive regional metastases without invasion of the nasal space or other paranasal sinuses.

REPORT

A white man, age 50 years, entered the service of Dr. J. T. Reynolds at St. Luke's Hospital, Chicago, October 11, 1945. About four years before he had had lachrymation and pain in the right eye, pain in the right ear, and enlargement of the right cervical lymph nodes. A diagnosis of nasopharyngeal cancer was made at this time and a radical dissection of the right side of the neck was done. Shortly thereafter, the lymph nodes on the left side of the neck were involved, for which he received radiation therapy. He had had deafness in the left ear, hoarseness, and an inability to swallow solid food and a weight loss of 15 pounds during the two months prior to his admission. There were old healed surgical scars on the right side of the neck, a nodular swelling of the left side of the face and neck, and the supraclavicular and cervical lymph nodes were enlarged and hard. The nasal airway was obstructed. The erythrocytes were 3,640,000 and the leucocytes 9,900 per cmm., and the hemoglobin 10.2 grams percent. The blood nonprotein nitrogen, sugar and cholesterol were within normal limits. On October 30, 1945, a tracheotomy was done. His temperature rose and he died on November 2, 1945.

The essentials of the postmortem examination (head, neck and trunk) made immediately after death are as follows. The deep scalp tissues over the left occipital and parietal regions were markedly edematous. The cerebellar and cerebral hemispheres were symmetrical and had no tumor tissues. The dura stripped easily from the base of the cranium. The left mastoid air cells had considerable serous exudate; the sphenoid sinus had a large amount of mucopurulent secretion. The cribriform plate of the left ethmoid had multiple perforations 3 to 8 mm. in diameter. The upper part of the nasopharynx below the body of the sphenoid was edematous and the mucosa on the anterior surface of the clivus was blackened. These tissues were not granular. In the left ethmoid region however there were finely nodular grey tissue thickenings that extended into and had roughened the bone and were associated with new growths of bone. The bone tissues in the upper part of the ethmoid were thickened, pitted, and in front near the frontal sinus and extending back to the body of the sphenoid were small pockets filled with a purulent secretion. The opening of the left maxillary sinus had considerable secretion, but when the sinus was explored, it was not distended and contained no exudate. The right maxillary sinus was unchanged.

There was an old healed surgical scar on the right side of the neck, beginning 2 cms. below the lobe of the ear, 1.5 cms. posterior to the mandible and extending downward and slightly forward for 12 cms. Another old healed surgi-

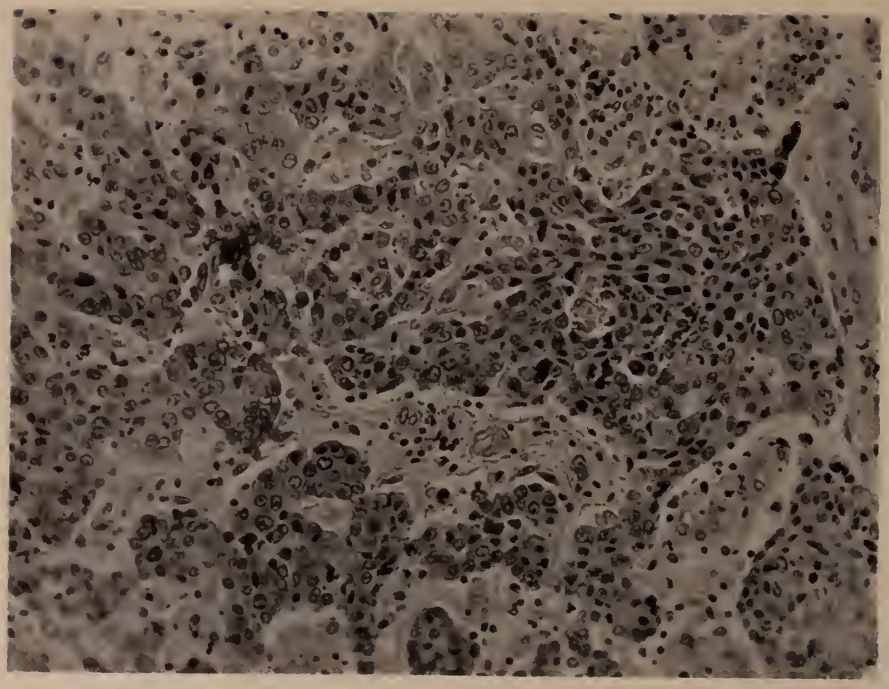


Figure 1. Photomicrograph illustrating the histologic structure of the carcinoma of the ethmoid. X-198

cal scar of the right side of the neck began at the same level as the first and extended downward and forward in a line parallel to the inferior ramus of the mandible for 8.5 cms. A nodular swelling of the left side of the neck extended from the midline in front to the midline behind, a region 21 by 6 cms. The skin here was red, indurated and at one place it was retracted and necrotic. A recent unhealed tracheotomy wound of the neck 4.5 cms. long was above the manubrium of the sternum. The cervical and supraclavicular lymph nodes were enlarged. The lymph nodes in the left axillary fossa were a mass about 2.5 by 2.5 by 1.5 cms., and surfaces made by cutting had firm grey tumor tissue. The right submaxillary gland was not found. In the subcutaneous tissues were fibrous thickenings and a few grey tumor nodules as large as 1 cm. On the left side, the skin and subcutaneous tissues were markedly adherent to matted tumor nodules that extended 16 cms. and were about 4 by 5 cms. in dia. Surfaces made by cutting were firm and grey. The surface of the tongue was smooth and grey. Other viscera and lymph nodes had no tumor metastases grossly but later a small nodule was found by histologic examination in the thyroid.

Sections of the finely nodular grey tissues from the left ethmoid cells stained with hematoxylin and eosin had a narrow surface layer of pseudostratified epithelium. The underlying fibroplastic stroma was extensively ingrown by large and small masses of epithelial cells arranged in mosaics (Figure 1) which simulated those in the middle layers of a mucosal surface. They were medium to large in size, and had vesicular nuclei and a small amount of cytoplasm. Among the cells were some in mitosis. At some levels there were regions of chronic inflammation with small infiltrations of lymphocytes. The blackened mucosal tissues from the nasopharynx had no tumor cells. Tissues from the neck, base of the tongue, cervical and axillary lymph nodes and thyroid gland were ingrown extensively by masses of carcinoma cells similar to those described above.

COMMENTS

The lymph channels of the ethmoid cells extend toward the nasal cavity and join the lymphatic vessels therein. Most of the lymphatics of the nasal cavity pass posteriorly and medially into the retropharyngeal spaces, and so the lateral retropharyngeal nodes receive the first metastases. The drainage is then to the deep jugular nodes at the bifurcation of the carotid. Geschickter believed that these tumors metastasize early and that the process is not discovered until late.

Although information regarding the early history of the patient is not available, growth and

extension of the tumor seem to have followed the usual pattern except for local extension, where the growth of this tumor was limited. Apparently the tumor was far advanced before the patient presented himself for treatment. Ringertz reported 20.5 percent five-year cures of squamous cell carcinoma of the sinuses with radiation and electro-surgical therapy. Statistics from other clinics are similar.

SUMMARY

The postmortem examination of an man aged 50 years with an apparent recurrence of a nasopharyngeal cancer demonstrated a squamous cell carcinoma of the left ethmoid with metastases to the thyroid, to the cervical, supraclavicular and left axillary lymph nodes, and to the subcutaneous tissues of the neck and face.

Carcinomas of the ethmoid metastasize early, and usually the site of origin of tumor is difficult to establish because of the local extension.

BIBLIOGRAPHY

1. Geschickter, C. F., Am. J. Cancer 64: 637, 1935.
2. Ringertz, Nils. Acta oto-laryng., Supp. 29: 1, 1935.
3. Meyer, Max. Ztschr. f. Ohren., 81: 179, 1921.
4. Watson, W. L. Laryngoscope, 52: 22, 1942.
5. Barnes, H. A. Arch. Otolaryng., 6: 123, 1927.
6. New, G. B. Surg., Gynec., & Obst., 60: 971, 1935.
7. Quick, D. Radiology, 14: 191, 1930.

OVARIAN MALIGNANCY

Ovarian malignancy is notoriously silent in its incipiency, and irregular vaginal bleeding is not a prominent early symptom. In fact according to Montgomery, over a third of the patients have digestive symptoms as the first indication of trouble. On the other hand, every ovarian enlargement does not warrant removal. When discovered in a young woman, the cyst may be a physiologic one of the retention type, and reexaminations are essential to note if any change occurs at varying times during the menstrual cycle. If, however, the cyst should continue to enlarge, and this is especially true of older women, prompt laporatomy is indicated for any new growth of the ovary has malignant potentialities. There is no pelvic condition that requires better judgment in management than that of ovarian enlargements.

Excerpt, Clinical Significance of Abnormal Vaginal Bleeding. Scheffey, Lewis C. and Long, Warren R., AM. Practitioner, March. 1949.

Eczematous contact dermatitis due to topically applied local anesthetics is now seen with increasing frequency. This may be due to the more wide-spread use of medicaments containing local anesthetics. Many proprietaries contain local anesthetics. Such use has beome more frequent through over-the-counter sales, and through recommendations of the physician who prescribes it (in the so-called ethical product) and in his prescriptions.

Excerpts, Contact Dermatitis Due to Topical Anesthetics, Max Braitman, M.D., West New York, N. J., The Journal of the Medical Society of New Jersey, June, 1949.

The efficacy of streptomycin against tuberculous infections has proved that tuberculosis is yet another disease vulnerable to chemotherapeutic attack. Without undue optimism, greater triumphs may be anticipated. Karl H. Pfuetze, M. D., and Marjorie M. Pyle, M. D., JAMA, March 5, 1949.

NEWS OF THE STATE



BUREAU

Dr. John E. Maloney was recently appointed resident pathologist at the Perry Memorial Hospital, Princeton, a newly created position.

COOK

Fifty Year Club Member.—Dr. H. H. Bay, Crystal Lake, was recently made a Fifty Year Club member of the Illinois State Medical Society.

Society News.—Dr. M. A. Perlstein discussed "Education of Cerebral Palsied Children" during a course on special education of the Horace H. Rackham School of Special Education, Michigan State Normal College, Ypsilanti, Michigan, July 1. On July 6, he addressed the Speech Seminar of Northwestern University, Evanston, on "Drug Therapy in Cerebral Palsy."

Dr. Philip Thorek addressed the Oakland County Medical Society in Pontiac, Michigan, recently, on "Diverticula of the Esophagus."

Dr. Max Thorek has been notified by the French Government that he has been made an Officier of the Legion d'Honneur of France, "in appreciation from the French Government for his continuous services in the cause of amity between the United States and France."

Dr. Robert M. Gluckman has been appointed full-time psychiatrist for the Illinois State Training School for boys, St. Charles, effective July 1. Dr. Gluckman is resident psychiatrist at the Illinois Neuropsychiatric Institute, Chicago.

University News.—Frederic T. Jung, assistant secretary, Council on Physical Medicine and Rehabilitation, American Medical Association, gave an assembly hour lecture at the University of Illinois College of Medicine, June 1, on "Medical Fallacy and Quackery." The lecture was under the sponsorship of Delta Kappa Sigma.—Dr. E. G. L. Bywaters, rheumatologist, The British Postgraduate Hospital, London, England, gave an assembly hour lecture at the University of Illinois College of Medicine, June 22, on "The Crush Syndrome."

Grant For Research.—The Board of Directors of the Hektoen Institute for Medical Research of the Cook County Hospital wishes to announce the receipt of a grant of $13,800 from the Dr. Leonard H. and Louis Weissman Medical Research Foundation on June1. This money is to be used for some special virus studies, conducted under the supervision of Dr. Oscar Felsenfeld, Director of Bacteriology and Virology. The Hektoen Institute for Medical Research of the Cook County Hospital has received a second grant of $2,000 from the Mildred Rothschild Memorial Foundation for continued study of pemphigus disease in the departments of bacteriology and virology, under the direction of Dr. Oscar Felsenfeld.

Orthopedic Prize Goes to Students.—Leonard R. Smith and Richard G. Shifrin, junior medical students at the University of Illinois College of Medicine, have been awarded the 1949 Leo F. Miller Prize for their presentation of an essay in the field of orthopaedic surgery.

Awarding of the prize, which carries a $40 stipend, was announced by Dr. Fremont A. Chandler, professor and head of the department of orthopaedic surgery. The prize-winning essay was entitled "Current Concepts in Rheumatoid Arthritis".

Dr. Cole Honored.—The distinguished service award of the University of Kansas was presented to Dr. Warren H. Cole of Chicago, at the recent graduation and alumni exercises of the College.

The award is presented annually by the University of Kansas through its Alumni Association to graduates for their distinguished service in various fields. Dr. Cole received the bachelor of science degree from Kansas in 1918.

Dr. Cole is professor of surgery and head of the department at the University of Illinois College of Medicine. He previously was associated with Washington University, St. Louis, Mo.

A year ago, Dr. Cole served as Senior Scientist Attache for the U. S. mission to Britain for Science and Technology, which was conducted under the jurisdiction of the Department of State. He visited numerous hospitals and clinics on the mission which was designed to establish liaison with British surgeons.

He recently has been named to the office of president-elect of the Chicago Medical Society.

Fellowship in Rheumatic Fever Created — First Award.—Dr. Alan Mehler, associated with Northwestern University Medical School, has been assigned the first award in a newly created fellowship for research in rheumatic fever at Northwestern. The Herman H. Gordon Foundation of the La Rabida Jackson Park Sanitarium, organized some four years ago in memory of a young man who died from the disease, a graduate of Northwestern, created the $2,500 research fellowship.

All-Time Record Established for Women Graduates.—An all-time record number of 24 women received the doctor of medicine degrees from the University of Illinois at commencement exercises, Friday, June 17.

The record number received degrees on the 100th anniversary of the graduation of the first woman from a medical school in this country. Elizabeth Blackwell graduated from a New York medical school in 1849.

The 24 students who graduated at commencement exercises represent the largest number of women graduates in the 68-year history of the University of Illinois College of Medicine.

Registration figures compiled by the American Medical Association show that there are 2,159 women enrolled in medical schools in this nation, representing 9.5 percent of the total student body. That number is twice as many as were enrolled in 1935, and four times more than 1905.

Students Accepted in Medical Fraternity.—Nineteen students in the College of Medicine at the University of Illinois have been elected to membership in Pi Kappa Epsilon, national honorary medical fraternity.

Membership in the fraternity is based upon character, personality, and professional qualities.

Students elected to membership are Frank A. Schiltz and George E. Armbruster, Decatur; Charles M. Berfield, Elmhurst; Burton M. Sutherland, Wheaton; Edwin F. Buzan, Jr., Alton; Henry H. Swain, Urbana; Thomas L. Brannick, Normal; John B. Moore III, Benton; George Elfers, Jr., Richmond; and Karl D. Venters, Herrin.

Also elected to membership were Alvin Harris, Aaron J. Fink, Dean S. Rosset, John R. Erickson, and Harry B. Sone, Chicago; Rudolph P. Froeschle, Hazen, N. D.; Bernard S. Patrick, Corinth, Miss.; Anthony J. Lund, Leeds, N. D.; and Albert S. Hagan, Jr., Murlbridge, S. D.

Instructors Chosen.—Seniors at the University of Illinois College of Medicine have named Dr. Edmund F. Foley and Dr. Kurt Glaser as the best instructors during the 1948-1949 school year. Dr. Glaser and Dr. Foley have received the Raymond B. Allen Instructorship Awards, which were established in 1948 by the Medical Student Council in honor of the former executive dean of the University's Chicago Professional Colleges. The awards are designed to honor excellency in individual intructorship rendered by faculty members to the Students. The award for excellency in didactic instruction was given to Dr. Foley, who is a professor of medicine. Dr. Glaser, an instructor in pediatrics, was honored for clinical teaching. Both Dr. Foley and Dr. Glaser have been presented with gold keys in the shape of an apple.

Honorary Degrees.—Dr. Ross G. Harrison, internationally-famous biologist who "invented" the now universally used methods of tissue culture, and Harold H. Swift, former chairman of the board of trustees of the University of Chicago, were granted honorary degrees in the 237 convocation of the Midway university recently. Dr. Harrison and Swift were the one-hundred and twenty-fifth and twenty-sixth recipients to receive honorary degrees at the University of Chicago since the first LL.D. was presented President William McKinley in 1898. Dr. Harrison, who was awarded the doctor of science degree, was cited for "his ingenious experimental methods and brilliant analyses which have signally advanced knowledge of the nervous system." Swift, who served as chairman of the university's board of trustees for twenty-six years and as a member for thirty-five years, was awarded the doctor of laws degree by his alma mater. Chairman of the board of Swift and Company, Swift was cited as "a leading Chicago citizen whose labors of the last four decades manifest fidelity to the highest interests of the city, the university and the nation."

Dr. Day Retires.—Dr. Alexander A. Day, professor of bacteriology and chairman of the department in the Northwestern University Medical School, retired on August 31. A member of the School's faculty for thirty-seven years, he was given a citation by the University Senate at the 91st annual commencement, June 13. Expansion and development of one of the Medical School's key departments, that of audio-visual medical education, were effected during Dr. Day's chairmanship. The department was one of the earliest in its field, having been established at Northwestern in 1926. Services of the department are available to every class and division of the School, to assist in the training of physicians and surgeons.

Throughout his almost 40 years at Northwestern, Dr. Day has been known as one of the school's most popular and stimulating teachers, and as a wise counselor of student doctors who have enjoyed his guidance during the years of their education.

Rush Reunion.—Ten of the twenty-five surviving members of the Rush Medical College class of 1894 held a reunion at the Morrison Hotel recently, the eleventh regular reunion since their graduation. The class originally had 163 members. Dr. Edward H. Ochsner, 81, has been class president throughout the fifty-five years. The seventeen surviving members who did not attend the meeting were prevented by age or distance from Chicago.

Special Society Elections.—At the May 5 meeting of the Illinois Psychiatric Society, the following officers were chosen: Dr. V. G. Urse, Chicago, president; Dr. D. Louis Steinberg, Elgin, vice president; Dr. Louis D. Boshes, Chicago, secretary-treasurer; Dr. Benjamin Boshes and Dr. Maxwell Gitelson, both of Chicago, councilors. —The Chicago Urological Society chose the following officers at its meeting April 28: Dr. James I. Farrell, president; Dr. Herman M. Soloway, vice president and Dr. J. S. Grove, secretary-treasurer. —Dr. George K. Fenn was reelected president of the Chicago Heart Association as were Dr. Stanley Gibson, chairman of the board of the executive committee, and S. Dewitt Clough, chairman of the board of governors.

DU PAGE

Fifty Year Club Member.—Dr. Henry F. Langhorst, Elmhurst, was presented with the Fifty Year Club insignia of the Illinois State Medical Society, at a recent meeting of the DuPage County Medical Society. The presentation was made by Dr. Harry M. Hedge, Evanston, President Elect of the Illinois State Medical Society. Dr. Ernest S. Watson, Elmhurst, addressed the meeting on "Newer Trends in Pediatrics."

JACKSON

Dr. John Bucar, Ripon, Wisconsin, has become associate professor of physiology and associate university physician in the health service at Southern Illinois University.

LA SALLE

Retires from Practice.—Dr. W. P. Fread has retired from active practice in Ottawa, ending forty years in service. The physician graduated from Hering Medical College in 1903. In 1907 he completed an internship at the Chicago Homeopathic Hospital and practiced for a time in Ohio before settling in Ottawa.

MACOUPIN

Dr. Garold V. Stryker, associate professor of dermatology, St. Louis University Medical School, St. Louis, gave an illustrated lecture before the Macoupin and Montgomery County Medical Societies, May 24, in Carlinville. His subject was "The Management of the Neuro-Dermatoses."

MADISON

Dr. Gilbert Forbes, St. Louis, discussed "Convulsive Disorders of Childhood" before the Madison County Medical Society in Edwardsville, June 2.

Dr. Danely Slaughter, associate professor of surgery, University of Illinois College of Medicine, addressed the Alton Medical Society recently on "Recent Advances in Cancer."

McHENRY

The McHenry County Medical Society was addressed recently by Dr. Charles K. Petter, director of Lake County Tuberculosis Sanitarium. Dr. Petter discussed "Pulmonary Tuberculosis."

PEORIA

Dr. Frederic E. D. Foley, St. Paul, discussed "Choice of Operation for Vesical Neck Obstruction" before the Peoria Medical Society, June 21.

PULASKI

Resolution Honors Deceased Member —At a recent meeting the following resolution was adopted!

We the undersigned, members of the Pulaski County Medical Society

In memory of our esteemed Professional Brother;

Whereas; God in His infinite wisdom has removed from our midst one of our members; Dr. Otis T. Hudson, Mounds, Illinois.

Whereas; Dr. Hudson was a member of Pulaski County Medical Society since 1912, filling the different offices, serving as secretary 1936 to 1949, and a strong advocate for medical organization.

Whereas; He was held in highest esteem as a general practitioner in this County, was a Member Volunteer Medical Corps World War I, served as Medical Examiner for Pulaski County Local Board No. 1, Selective Service System, duration World War II, was serving as Medical Advisor for Pulaski County Local Board No. 184, Selective Service System, all without remuneration.

Whereas; He was serving as Chief of Staff, St. Mary's Hospital, Cairo, Illinois, and had taught obstetrics to the nurses at St. Mary's Hospital for fourteen years.

Whereas; He served as Local Surgeon for the Illinois Central Railroad Company from 1911 to 1921 and District Surgeon 1921 to 1949.

Whereas; He served as Coroner of Pulaski County from 1920 to 1944.

Whereas; We, the members of Pulaski County Medical Society greatly appreciate the distinction and heights in the profession attained by our colleague, although we feel our great loss, we shall cherish in memory the friendship and association of him whom we so loved.

Therefore; Be It Resolved; That in expression of our most heartfelt sympathy to send a copy of the resolutions to Mrs. Hudson, that a copy of the resolutions be spread in the records

of this Society and a copy sent to the State Medical Journal.

Very sincerely yours,
H. J. Elkins
A. G. Robinson
W. R. Wesenberg

ROCK ISLAND

District Meeting.—A quarterly meeting of the Iowa Illinois Central District Medical Association was held in Rock Island, May 25. Among the speakers were Dr. Carl A. Hamann, Cleveland, Ohio; Dr. John Van Prohaska, Chicago; and Dr. W. Barry Wood, Jr., St. Louis, Missouri. The discussants were Dr. A. C. Sorenson, Davenport, Iowa; Dr. D. B. Freeman, Moline; and Dr. Harry B. Weinberg, Davenport.

SHELBY

Ninety-Four years of Age.—Dr. J. C. Westervelt, one of Shelbyville's oldest citizens, observed his ninety-fourth birthday, June 7. He has retired from the active practice of medicine.

WARREN

Public Meeting for Dr. Hoyt.—More than one hundred townspeople gathered at a public dinner to honor Dr. L. T. Hoyt, Roseville, the 1948 Outstanding General Practitioner of the Illinois State Medical Society. A two pen desk set was presented to the physician.

GENERAL

Relief of Hypertension—The June issue of "Radiology," journal of the American College of Radiology, carries an article on the utilization of small doses of x-ray to pituitary and adrenals for the relief of hypertension by James H. Hutton, James T. Case, Earnest C. Olson, Warren W. Furey, Stanley Fahlstrom and William L. Culpepper of Chicago and Earl E. Madden of Redondo Beach, Calif., a former Chicagoan. The article, giving results in 651 patients, is a report on work first recorded in the Illinois Medical Journal in December, 1933. It was also made the basis of the general monthly newspaper release for June by the American College of Radiology.

Association of Medical Health Officers Revived.—The full-time medical health officers in Illinois, at the April meeting of the Illinois Public Health Association, reactivated the Illinois Association of Medical Health Officers which had been discontinued some years ago after it merged with the Illinois Public Health Association. The Association makes eligible for membership all full-time medical health officers, school health physicians, professors of public health and preventive medicine, and other medical men with public health occupation. All members must be engaged in full-time public health work. The following officers were elected: W. H. Tucker, Evanston, president; S. N. Mallison, Champaign, vice president; Norman J. Rose, Highland, secretary-treasurer. Arlington Ailes, La Salle; A. C. Baxter, Springfield and P. A. Steele, Decatur, were elected to the Executive Committee. The Association will give its support to the strengthening and furthering of the public health movement in Illinois.

News of Illinois Chest Physicians.—Dr. Minas Joannides, Chicago, was re-elected Treasurer of the American College of Chest Physicians at the Fifteenth Annual Meeting held in Atlantic City, New Jersey, June 2 - 5, 1949. Dr. Italo Volini of Chicago was appointed Governor of the College for the State of Illinois to serve the unexpired term of Dr. Robert K. Campbell, Springfield, who has retired because of illness. Dr. Henry Sweany, Chicago, was elected a member of the Editorial Board of the College journal, "Diseases of the Chest," and Dr. Edwin R. Levine, also of Chicago, was elected Secretary of the Conference of College Chapter Officials.

The following physicians in the State of Illinois received their Fellowship Certificates at the Convocation held at the Ambassador Hotel, Atlantic City on June 4: Dr. Peter B. Bianco, Peoria: Dr. Loren L. Collins, Edwardsville; Dr. Hugo O. Deuss, Chicago; Dr. Morris Greenberg, Jacksonville; Dr. Clarence H. Payne, Chicago; Dr. Isaddre Zapolsky, Elgin.

Dr. Darrell H. Trumpe, Springfield, was elected president of the Illinois Chapter of the American College of Chest Physicians at its recent meeting in the Palmer House, Chicago; Dr. Edwin R. Levine, Chicago, vice president, and Dr. Charles K. Petter, Waukegan, secretary-treasurer.

Special Counselor-Training Program for Handicapped Persons.—Fourteen fellowship winners have been selected in a special counselor-training program designed to meet the employment problems of handicapped persons, according to an announcement by the co-sponsors of the program, Alpha Gamma Delta, international.

The 14 fellowship winners are being trained as employment counselors for persons disabled by cerebral palsy and other multiple handicaps. The six-week course began May 16 at the Institute of Rehabilitation and Physical Medicine of New York University, Bellevue Medical Center, in conjunction with New York University School of Education.

One of the chief objectives of the new program will be to interest employers in utilizing the services of qualified persons who would be valuable employees although handicapped by cerebral palsy or other disabilities.

Applicants were selected on the basis of professional qualifications and the contribution they can make toward good counseling and placement work. A special screening committee, made up of representatives from Alpha Gamma Delta and the National Society, reviewed all applicants.

Fellowship winners include: Edward J. Aud, Enid, Okla.; Ottilie M. Banks, Newark, N. J.;

Raymond W. Dutcher, San Bernadino, Calif.; August W. Gehrke, Duluth, Minn.; Florence I. Haasarud, Minneapolis, Minn.; Golda P. Harper, Des Moines, Ia.; Frances D. Iandon, Tulsa, Okla.; Betty Matenky, Flint, Mich.; Uel P. McCullough, Goodyear, Ariz.; Martha L. Murphy, Toronto, Ontario, Canada; Maurice J. Reisman, Philadelphia, Pa.; and Robert M. Speed, Sr., West Point, Miss.

The course is under the direction of Dr. James Garrett, who is Director of the Psycho-Social and Vocational Service at the Institute of Rehabilitation and Physical Medicine. He will be assisted by well known authorities in the fields of physical medicine, psychiatry, counseling and employment. Fellowship grants, which are provided by the fraternity, amount to $350 each, including tuition and maintainance.

Psycho-social and medical aspects will be included in the course along with the case study evaluations, clinical study and observation. Lectures will be given in job analysis, occupational information, psychology of the handicapped and agency interrelationships.

HEALTH DEPARTMENT ACTIVITIES

Lowest Death Rate in City's History.—Final Health Department statistics for 1948 show the lowest death rate in Chicago's history was posted last year, 10.3 per 1,000 population. A century ago, in 1849, during a cholera epidemic, Chicago's death rate was 73.8 per 1,000 population, more than seven times the 1948 figure.

In 1948, for the first time in the city's history, maternal deaths were held to less than 1 per 1,000 live births. The 1948 record was 0.7 per 1,000, compared to 1.0 per 1,000 in 1947. Since 1916, maternal deaths in Chicago have been cut from almost 7 per 1,000 live births, to 0.7 per 1,000.

Infant deaths in 1948 were held to a rate of 28.5 per 1,000 live births, compared to 28.2 per 1,000 in 1947, and to about 124 per 1,000 a generation ago in 1916—a reduction of 77%. So far in 1949, the infant death rate is 28.5, below the 1948 figure of 29.5 for the same period.

The low number of maternal and infant deaths recorded in 1948 reflects intensive work throughout the year to save the lives of both mothers and babies. The medical profession and the Health Department cooperated closely in carrying out Chicago's hospital regulations to assure expert medical and hospital care for every mother just before, during and after delivery, and for every newborn infant. The Joint Maternal Welfare Committee of Cook County, representing the medical profession, the Health Department, hospitals, and other interested groups carefully investigated each of the 56 maternal deaths which occurred in Chicago during the year in order to reduce still further the causes of maternal mortality. Other important factors were public health nursing services, the Department's premature ambulance program, the provision of mothers' breast milk for premature, immature and sick babies, and maternal and infant welfare services provided through the Department's 40 stations in the city and the stations of the Infant Welfare Society of Chicago.

Communicable Disease Deaths Down.—Deaths from communicable diseases also were held to new record lows, according to final figures for the year. During the entire 12 months of 1948 there were no deaths from scarlet fever, only 1 death from diphtheria and 4 from whooping cough. The 1947 record was: Scarlet fever, 0 deaths; diphtheria, 3, and whooping cough, 6. The tuberculosis death rate was down to 36.5 per 100,000 population from 38.2 in 1947. Only 10 years ago, in 1940, the rate was 54.7 almost one and one-half times the 1948 rate.

The remarkable record of 1 death from diphtheria in Chicago for a whole year, a rate of.03 per 100,000 population, was largely due to the unrelenting efforts of the Health Department and the medical profession to have all babies inoculated with diphtheria toxoid by the time they were a year old, and all preschool and school children protected by booster injections of the toxoid. The previous low record was 3 deaths reported in 1947, for a rate of 0.1 per 100,000 population. Only a few years ago, in 1943, the rate was 1.5, and there were 53 deaths from diphtheria in Chicago. Back in 1880, diphtheria caused 290.7 deaths per 100,000 population.

The city's lowest death rate for whooping cough was also posted in 1948—approximately 0.1 per 100,000 population, compared with the previous low of 0.2 in 1947. All babies at Department infant welfare stations were inoculated against whooping cough and the Department recommended that all other infants be given this protection by their private physicians. Wherever possible, the Department hospitalized infants under one year of age who had whooping cough.

DEATHS

Ralph Truman Clark, Springfield, who graduated at Northwestern University Medical School in 1928, died June 5, aged 52 following an illness of several months.

Eric Jacob Danek, Chicago, who graduated at Dearborn Medical College, Chicago in 1906, died April 16, aged 68, of diabetes mellitus and chronic interstitial nephritis.

Joseph Murray Doyle, Chicago, who graduated at Victoria University Medical Department, Coburg, Ontario, Canada, 1893, died April 28, aged 83, of cerebral hemmorrhage and carcinoma.

Mirza Phillip DuComb, Patoka, who graduated at Barnes Medical College, St. Louis, Mo., in 1905, died June 12, aged 75, following a heart attack.

JOHN JAMES A. GRIMES, Chicago, who graduated at Loyola University School of Medicine in 1922, died July 7 in Sacred Heart Sanitarium, Milwaukee, aged 67. He had been on the staff of the Municipal Tuberculosis Sanitarium since 1924.

LEO GEORGE HOGAN, Chicago, who graduated at Bennett College of Eclectic Medicine and Surgery in 1914, died June 18, aged 58, in St. Bernard's Hospital, where he was a staff member.

CECIL MCKEE JACK, Decatur, who graduated at University of Michigan Medical School, Ann Arbor, in 1902, died suddenly in his home, June 28, aged 72. He had served on the board of the Macon County Tuberculosis Sanatorium for 22 years, retiring in 1947.

GEORGE ABRAHAM JETT, Chicago, who graduated at Rush Medical College in 1893, died April 9, aged 77, of carcinoma of the colon.

JOSEPH HENRY SHAVER JOHNSON, Chicago, who graduated at the College of Physicians and Surgeons, Homeopathic, Buffalo, in 1883, and the Hahnemann Medical College and Hospital in 1884, died April 5, aged 92, of cerebral hemorrhage.

LEONARD E. MARKIN, Glencoe, who graduated at Loyola University School of Medicine in 1922, died June 26, aged 51, following a heart attack.

MOSS MAXEY, Mount Vernon, who graduated at Missouri Medical College, St. Louis, in 1897, died June 13, aged 75. He had practiced continuously in Jefferson County for over fifty years.

WILLIAM ALEX O'BRIEN, Chicago, who graduated at the Medical College of Virginia, Richmond, in 1918, died April 7, aged 57, of lobar pneumonia and arteriosclerotic heart disease.

ARTHUR HERMAN PANNENBORG, Chicago Heights, who graduated at University of Louisville School of Medicine, Louisville, Ky., in 1904, died June 30, aged 69. He was a former city commissioner, and health officer.

KATE E. PECKARDT, Chicago, who graduated at Chicago Medical College in 1885, and the Hahnemann Medical College and Hospital in 1889, died March 23, aged 88, of chronic myocarditis and arteriosclerosis.

JACK I. RABENS, Chicago, who graduated at Rush Medical College in 1929, died while attending a dinner for Mount Sinai Hospital alumni, June 19, aged 46.

EDWARD HARRY ROSENZWEIG, Chicago, who graduated at Loyola University School of Medicine in 1922, died March 17, aged 52.

KARL FERDINAND MARIUS SANDBERG, Chicago, retired, who graduated at Kongelige Frederiks Universitet Medisinske Fakultet, Oslo, Norway, in 1881, died June 4 in his home, aged 93. For some years he served as chief surgeon and chairman of the board of the Norwegian-American Hospital.

SILAS SINCLAIR SNIDER, Chicago, who graduated at Rush Medical College in 1934, died in an airplane crash June 15, aged 41. He was on his way east to attend a class reunion at Hanover, N. H.

MARRIAGES

DR. JOHN CLOYD SOUDERS JR., Rock Island, to Dr. Louise Aleen Padburg, Oklahoma City, recently.

DR. JOHN LAURENCE FELDMAN, Quincy, to Miss Mary Alice Harrington at Palmyra, Mo., recently.

"For The Common Good"

Telecasts on Health over WGN-TV.—Since the last issue of the Illinois Medical Journal, the following telecasts have been presented over WGN-TV under the auspices of the Educational Committee of the Illinois State Medical Society: Samuel M. Feinberg, June 21, Hay Fever; Philip Thorek, June 28, Goiter; George E. Shambaugh, Jr., July 8, Your Child's Hearing; L. Martin Hardy, July 14, Understanding the New Baby; Louis Scheman, July 20, Footsteps to Health. The audiometer, demonstrated on the telecast, July 8, was made available through the Audio-Development Company.

Students in health education, working under the jurisdiction of the Cook County Department of Health, visited the Chicago office July 6, to learn the activities of the Educational Committee. Because of the new development in television arrangements were made for the students to visit WGN-TV during the production of the program "Child's Hearing." Three of the students were from the University of Michigan School of Public Health, one from Columbia and one, a native of Venezuela, from the University of Minnesota. According to WGN-TV, television is a new and challenging medium in health education. The WGN-TV series is a pioneer in the field and medical authorities as well as the TV industry have been generous in their praise of the effort.

Lectures Arranged Through the Educational Committee: Adrian D. M. Kraus, Chicago, Calumet City Health Center, September 15, on Behavior Problems of the Young Child.

Rex D. Hammong, Bryh Mawr Community Church, October 10, on Emotions of the Adult.

Bertha Shafer, Chicago Barry School PTA, October 11, on Sex Education.

Robert R. Mustell, Chicago, Summer School PTA, Chicago, October 19, on Cancer.

Lectures Arranged Through the Scientific Service Committee: Donald H. Wrork, Rockford, Henry County Medical Society in Kewanee, July 14, on Common Painful Syndromes of the Extremities.

Frederick A. Jostes, St. Louis, Macoupin- Montgomery County Medical Societies, in Carlinville, July 26, on Low Back Pain, illustrated.

Joseph H. Kiefer, Chicago, St. Clair County Medical Society, in East St. Louis, September 1, on Carcinoma of the Prostrate.

Stanley Fahlstrom, Chicago, Fulton County Medical Society in Canton, September 8, on "Diagnosis and General Considerations in Arthritis."

James H. Mitchell, Chicago, Henry County Medical Society in Kewanee, September 8, on Fungus Infections.

Danely P. Slaughter, Chicago, McDonough County Medical Society in Bushnell, Spetember 23, on Newer Methods in the Diagnosis and Treatment of Cancer, illustrated.

Paul W. Greeley, Chicago, DeKalb County Medical Society in DeKalb, September 27, on Plastic Surgical Repair of Scar Contractures.

AMBITION (ENVY, COMPETITION)

The ambitious person does not necessarily have pathologic emotions, but he certainly runs the risk of being infected with envy or excessive competiveness. These emotions tend to produce tension and the professional, financial, and social success of many people has been paid for at a high price, i. e., the price of tension, which is prone to express itself through the nervous system upon many parts of the body. The aggressive component inherent in these emotions plays a large role in conditions such as cardiovascular disease, migraine, hypertension, and to some degree, in many others. A successful person can have achieved his goal by a great ability and a friendly, easy-going manner, but he is in the minority. Ambition with its attitude of competition, and sometimes accompanied by envy, is all too often carried along as necessary equipment on the road to success. So it should be looked for and brought into consciousness if present.

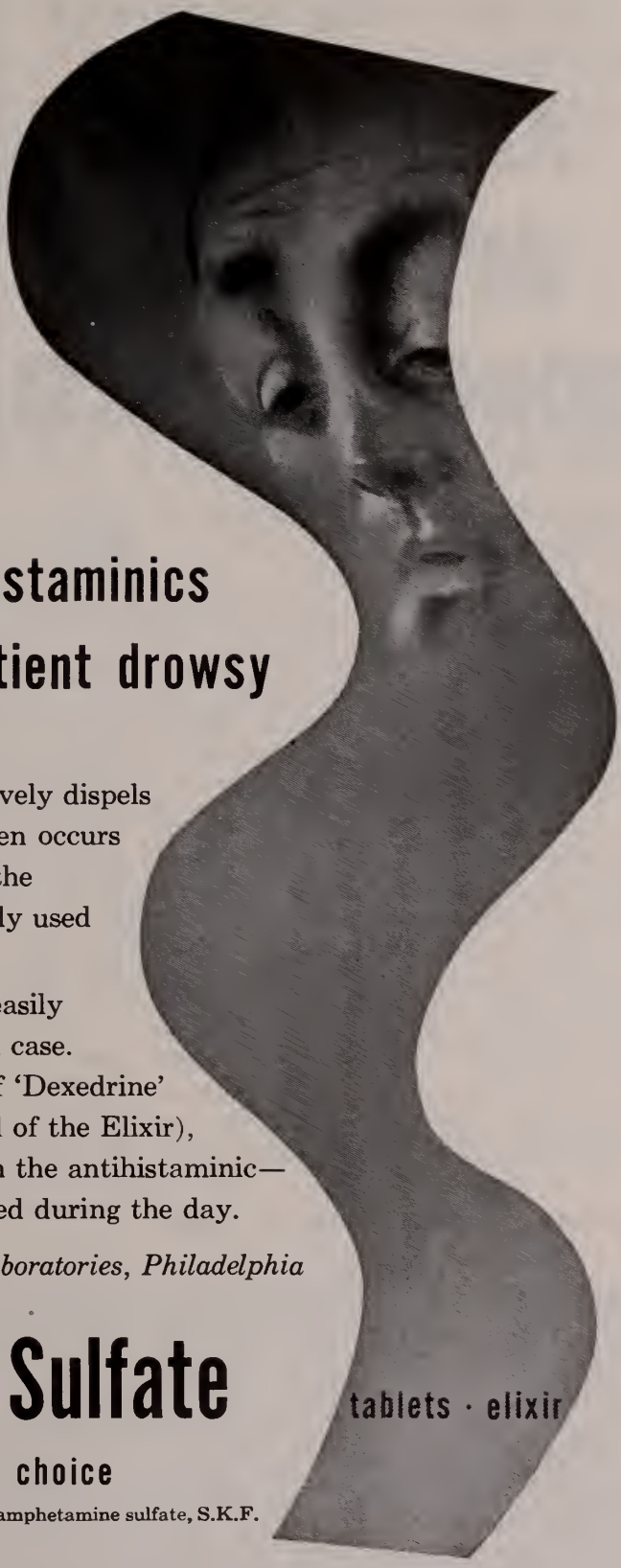
Excerpt, The Nature of the Emotional States that Disturb Bodily Function, O. Spurgeon English, M. D., Philadelphia, Pa.; The Pennsylvania Medical Journal, April, 1949.

IMPORTANT URINARY FINDINGS

Hematuria, pyuria, and the passage of calculi, even small ones, may indicate serious urinary tract disease and should never be ignored. However, even in the abence of symptoms that are definitely suggestive of urinary tract disease, we must always consider the possibility of such an abnormality. Roentgen examination by plain film (flat plate) is entirely inadequate; excretory or retrograde urography is necessary. Many cases require both methods of visualization. The patient with urinary tract abnormality should be promptly referred to a competent urologist to prevent irreparable damage. Do not temporize.

Excerpt, The Significance of Symptoms and Roentgen Studies in Urinary Tract Disease, D. Alan Sampson, M. D., Philadelphia, Pa.; The Pennsylvania Medical Journal, April, 1949.

The body cannot undo the damage wrought by tuberculosis infection in a few days or even in a few weeks. Many months are required even to "arrest" the disease. H. Corwin Hinshaw, M. D., Nat. Tuberc. A. Tr., 1948.



when the antihistaminics make the patient drowsy

'Dexedrine' Sulfate effectively dispels the drowsiness that so often occurs as a reaction to many of the antihistaminic drugs widely used against allergy.

Dosage of 'Dexedrine' is easily adjusted to the individual case. The usual dose is 5 mg. of 'Dexedrine' (1 tablet, or 1 teaspoonful of the Elixir), taken simultaneously with the antihistaminic—additional doses as required during the day.

Smith, Kline & French Laboratories, Philadelphia

Dexedrine* Sulfate

tablets · elixir

the anti-depressant of choice

*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.

FROM SECRETARY OF DEFENSE LOUIS JOHNSON—

AN URGENT APPEAL TO YOUNG DOCTORS!



Your personal help is needed to avert a serious threat to our national security!

By the end of July of this year we will have lost almost one-third of the physicians and dentists now serving with our Armed Forces. Without an increased inflow of such personnel, the shortage will assume even more dangerous proportions by December of this year.

These losses are due to normal expiration of terms of service. The professional men who are leaving the Armed Forces during this critical period are doing so because they have fulfilled their duty-obligations and have earned the right to return to civilian practice.

Without sufficient replacements for these losses, we cannot continue to provide adequate medical and dental care for the almost 1,700,000 service men and women who are the backbone of our nation's defense.

Normal procurement channels will not provide sufficient replacements!

To alleviate this critical, impending shortage of professional manpower in the three services, I am urging all physicians and dentists who were trained under wartime A. S. T. P. and V-12 programs under government auspices or who were deferred in order to complete their training at personal expense, *and who saw no active service*, to volunteer for a two-year tour of active duty, at once!

We have written personally to more than 10,000 of you in the past weeks urging such action. The response to this appeal has not been encouraging, and our Armed Forces move rapidly toward a professional manpower crisis!

Many responses have been negative, but worse—a great number of doctors have not replied. It is urgent that we hear from you immediately!

We feel certain that you recognize an obligation to your fellow men as well as to your profession in this matter. We are confident that you will fulfill that obligation in the spirit of public service that is a tradition with the physician and dentist.

There is much to be said for a tour of duty with any of the Armed Forces. You will work and train with leading men of your professions. You will have access to abundant clinical material; have the best medical and dental facilities in which to practice. You will expand your whole concept of life through travel and practice in foreign lands. In many ways, a tour of service will be invaluable to you in later professional life!

Volunteer now for active duty. You are urged to contact the Office of Secretary of Defense by collect wire immediately, signifying your acceptance and date of availability. Your services are badly needed. Will you offer them?

Louis Johnson



Smooth Transition
TO POSTMENOPAUSAL HORMONE LEVELS

1. Subjective relief in twenty-four hours
2. Vaginal response in forty-eight hours
3. Freedom from symptoms for approximately thirty days with a single injection of—

Suspension ESTRUGENONE Trademark

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

(ESTROGENIC SUBSTANCES, WATER INSOLUBLE)
50,000 I.U. estrone (5 mg.) per cc.
with benzyl alcohol 2%

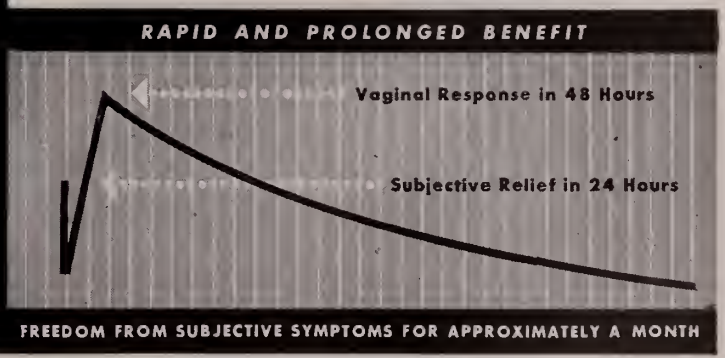
The FIRST *Estrogenic Preparation Providing* ALL *These Features:*

- Dissolved estrogens for rapid action—suspended estrogens for prolonged depot effect
- Parenteral therapy with estrogenic substances derived from natural sources at a cost no greater than that of oral medication
- Minimal likelihood of withdrawal bleeding
- Dry syringe not required . . . syringes easily cleaned after use . . . microplatelets pass readily through a 26-gauge needle

SUPPLIED: ESTRUGENONE* 50,000 I.U. estrone (5 mg.) per cc.: 5-cc. multiple-dose vials. ESTRUGENONE 20,000 I.U. estrone (2 mg.) per cc.: 5-cc. vials; 1-cc. ampuls, boxes of 25.

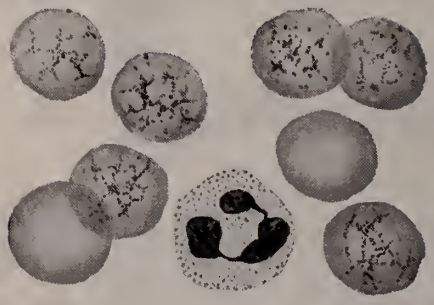
K·U *Kremers·Urban Company*
PHARMACEUTICAL CHEMISTS SINCE 1894
BOX 2038 . . MILWAUKEE 1 . . WISCONSIN

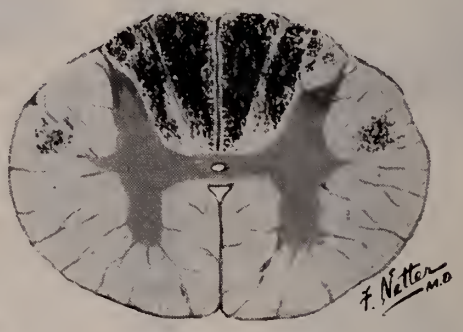
*Exclusive trademark of Kremers-Urban Co.



IS THERE
A SUBSTITUTE
FOR LIVER
IN PERNICIOUS
ANEMIA?

To induce hemopoietic response





To prevent spinal cord degeneration

With the discovery of B_{12} another important hemopoietic factor present in liver is established.

No substitutes for quality liver preparations in the treatment of pernicious anemia have been confirmed, but B_{12} offers a substitute for liver therapy in treating those pernicious anemia patients who exhibit a sensitivity to liver extract. It also offers an important adjunct to liver therapy in treating pernicious anemia, nutritional macrocytic anemia, nontropical sprue and tropical sprue.

B_{12} Concentrate Armour is available in 10 cc. multiple dose vials (each cc. contains 10 micrograms of vitamin B_{12}.)

Have confidence in the preparation you prescribe or administer—"specify Armour."

ARMOUR *Laboratories*

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS

Facts About Conception Control

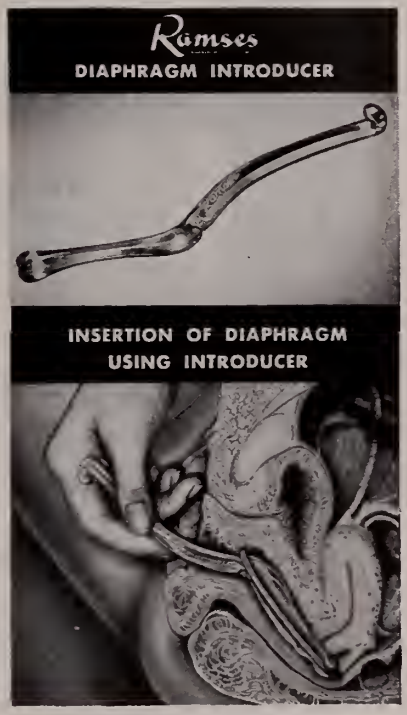
THE USE OF THE DIAPHRAGM INTRODUCER

Use of a diaphragm introducer is favored by many patients who find manual manipulation objectionable or difficult. It facilitates the insertion and correct placement of the diaphragm, as well as its removal.

The "RAMSES"* Diaphragm Introducer provides the following features:

- Simplicity and convenience in use
- Safety – design minimizes possibility of injury to the cervix or accidental insertion into the urethra
- Smooth surface lessens bacterial proliferation – makes for easy cleaning
- Ease of removal assured by bluntly hooked end

The "RAMSES" Diaphragm Introducer is supplied in the Physician's Prescription Packet No. 501, without charge





Ramses
TRADEMARK REG. U.S. PAT. OFF.

PHYSICIAN'S PRESCRIPTION PACKET NO. 501

A complete unit for conception control. Contains (1) a "RAMSES" Flexible Cushioned Diaphragm of the prescribed size, (2) a "RAMSES" Diaphragm Introducer of corresponding size, and (3) a tube of "RAMSES" Vaginal Jelly† (regular size).

* The word "RAMSES" is a registered trademark of Julius Schmid, Inc.

† Active Ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

gynecological division

Julius Schmid, Inc.

423 West 55th Street, New York 19, N. Y.

quality first since 1883

"RAMSES" Vaginal Jelly is accepted by the Council on Pharmacy and Chemistry of the American Medical Association. The "RAMSES" Diaphragm and Diaphragm Introducer are accepted by the Council on Physical Medicine of the American Medical Association.



QUESTION:

When is it good practice to suggest "Change to Philip Morris Cigarettes"?

ANSWER:

When patients under treatment for throat conditions persist in smoking, many eminent nose and throat specialists suggest *"Change to Philip Morris"** ...the *only* cigarette proved** less irritating.

● ***In fact, for all smokers, it is good practice to suggest "Change to Philip Morris."***

PHILIP MORRIS

Philip Morris & Co., Ltd., Inc.
119 Fifth Avenue, New York

DO YOU SMOKE A PIPE? . . . We suggest an unusually fine new blend — COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

*Completely documented evidence on file.
**Reprints of published papers on request:
Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Biol. and Med., 1934, 32-241; N. Y. State Journ. Med., Vol. 35, 6-1-25, No. 11, 590-592.



Soft Diet trying your patients' patience?

— try palatable Swift's Strained Meats



Tempting, natural source of complete protein



6 varieties:
Beef, lamb, pork, veal, liver, heart

The things some patients on soft, smooth diets have to eat! It's no wonder appetites lag.

To perk up patients' interest in foods, many doctors now prescribe specially prepared Swift's Strained Meats when soft foods are indicated in a high-protein, low-residue diet. They help two ways. *One*, Swift's Strained Meats taste so good. Few patients can turn down real meat goodness. *Two*, an excellent source of B vitamins, Swift's Strained Meats help restore patients' natural appetite for all foods.

Originally prepared for infant feeding, Swift's Strained Meats are soft, smooth (may easily be used in tube-feeding), slightly salted—cooked to retain all their delicious meat flavor. Six kinds for variety: beef, lamb, pork, veal, liver, heart. Each one 100% meat, they provide an excellent, palatable source of complete, high-quality proteins and hemapoietic iron. These meats make available *simultaneously* all known essential amino acids . . . for optimum protein synthesis. Convenient — Swift's Strained Meats are ready to heat and serve.

The makers of Swift's Strained Meats invite you to send for your copy of "The Importance of Protein Foods in Health and Disease"—a physician's handbook of protein feeding, written by a doctor. Send to:

SWIFT & COMPANY
Chicago 9, Illinois

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

All nutritional statements in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

For patients who can take foods of less fine consistency —Swift's Diced Meats offer tender morsels of nutritious meat with tempting flavors patients appreciate.



How mild can a cigarette be?



R. J. Reynolds Tobacco Company, Winston-Salem, N. C.



According to a Nationwide survey:

More Doctors Smoke Camels

than any other cigarette

Doctors smoke for pleasure, too! And when three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!



after tonsillectomy...

"For excessive pain, **Aspergum** chewed before mealtime is effective . . . "*

DILLARD'S

aspergum

SALIVARY ANALGESIA

Contains 3½ grains of aspirin in a pleasantly flavored chewing gum base—particularly suitable for administering aspirin to children and to patients who have difficulty swallowing tablets. *Ethically promoted.*

*Hallender, A. R.: Office Treatment of the Nose, Throat & Ear, Chicago, The Yeor Book Publishers, Inc., 1943, p. 316.

WHITE LABORATORIES, INC.,
Pharmaceutical Manufacturers,
Newark 7, N. J.

PHYSICAL MEDICINE ABSTRACTS

JOHN S. COULTER, DEPARTMENT EDITOR



PROGRESSIVE RESISTANCE EXERCISES IN CUP ARTHROPLASTICS OF THE HIP

Thomas L. De Lorme, M.D., and Arthur L. Watkins, M.D., Massachusetts General Hospital, Boston. In ARCHIVES OF PHYSICAL MEDICINE, 30:6:367, June 1949.

Many problems are encountered in the postoperative treatment of patients with vitallium cup arthroplasty of the hip. Their solution depends in great measure on the close cooperation of the surgeon and the physiatrist. Sufficiently different sets of mechanical and functional problems are encountered to necessitate considerable variations from the routine outlined for the average case. Along with the surgeon, the physiatrist must plan an effective and flexible exercise program to obtain maximum painless function.

The rehabilitation of the cup arthroplasty patient is divided into three phases: (1) the immediate postoperative, which includes the first four weeks; (2) the ambulatory hospital period, which starts when the patient first becomes ambulatory and extends until he is discharged (for most patients this is the eighth week); (3) the convalescent or final phase, which starts at the end of the eighth week and continues until maximum function has been obtained. The important physical therapy measures employed in each phase have been discussed.

After the first month, the patient's activities are considerably increased. Active nonresistive hip exercises are continued, and, in addition, a stationary bicycle is used for ten minutes twice daily and sometimes roller skating exercises in bed for abduction. Ambulation is initiated in a walker and graduated to crutches with minimal weight bearing, and later stair climbing. Occasionally during this period the patient may, because of joint pain or adductor muscle spasm, have difficulty in performing the hip exercises prescribed. This difficulty is frequently overcome by having him perform the exercises initially in the Hubbard tank. These underwater exercises are done three to five times weekly and usually may be stopped in two to three weeks. The average patient is discharged from the hospital eight weeks postoperatively, to carry on the same routine at home.

The patient now encounters more complex functional problems. He is allowed to bear more and more weight, refines his gait graduating from crutches to cane and later to no appliances at all, and if necessary, redevelops inadequate musculature and attempts to increase joint motion. His crutch gait is checked at regular intervals and between the sixth and ninth month a patient with unilateral arthroplasty is permitted to bear full weight and to start the use of the cane in the opposite hand. A patient

(*Continued on page* 46)

Patient under Treatment

for Urinary Tract Infection



MEANTIME ENJOYS

Gratifying Relief

from distressing

SYMPTOMS



Prompt and effective relief from distressing symptoms of urinary tract infection such as urinary frequency, and pain and burning on urination, can be achieved in a high percentage of patients through the action of orally administered Pyridium.

With this *safe*, easily administered urinary analgesic, physicians can provide their patients with almost immediate relief from symptoms during the time that specific therapeutic measures are directed toward correcting the pathologic condition.

Pyridium is virtually nontoxic in therapeutic dosage and can be administered concomitantly with streptomycin, penicillin, the sulfonamides, or other specific therapy.

The complete story of Pyridium and its clinical uses is available on request.

PYRIDIUM®

(Brand of Phenylazo-diamino-pyridine HCl)

MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

In Canada: MERCK & CO. Limited Montreal, Que.



Pyridium is the trade-mark of the Pyridium Corporation for its Brand of Phenylazo-diamino-pyridine HCl. Merck & Co., Inc., sole distributors in the United States.



Plastishield technic of aseptic breast care approved by nursing mothers

The new *Plastishield* technic of postpartum breast care is well liked by patients. This fact is borne out by the reports summarized below:
50 patients 6 weeks to 6 months postpartum replied to a questionnaire as follows:[1]

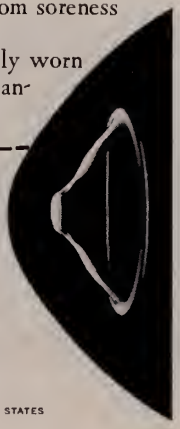
1. Are Plastishields comfortable to wear?
 YES 90% NO 10%
2. Do Plastishields prevent soiling of clothes by milk leakage?
 YES 88% NO 12%
3. Do Plastishields prevent nipple irritation?
 YES 98% NO 2%

1,000 patients in 5 hospitals answered the same questions as follows:[2]

QUESTION #1	YES 91%	NO 9%
QUESTION #2	YES 75%	NO 25%
QUESTION #3	YES 98%	NO 2%

Thus it will be seen that Plastishields encourage breast feeding because they:

1. Protect the nipple and areola from soreness and fissuring
2. Are conveniently and comfortably worn
3. Are characterized by greater cleanliness than other methods



Plastishield, inc.

MINNEAPOLIS, MINNESOTA

1. McKenzie, C. H.: The Use of Plastic Nipple Shields for the Lactating Breast, Journal-Lancet, *68*:199 (May) 1948.

2. Abramson, M.: Breast Feeding the Newborn, Gen. Practice Clinics, (Oct.) 1947, p. 318.

PATENT APPLIED FOR AND TRADEMARK REGISTERED IN THE UNITED STATES

Physical Medicine (Continued)

with bilateral operations remains on crutches for approximately one year and is then brought to full weight bearing rapidly. One or even two canes may be used during this transition period. If at the end of the third month the hip muscles have not recovered adequate strength, progressive resistance exercises are started. Jumping exercises (in place, side to side, and front to back) also may be employed for increasing coordination and strength. Eventually when the patient is allowed to discard all appliances and bear full weight, intensive gait training is started and continued until he obtains the best possible gait for the existing hip machanics.

Several methods for exercising each hip muscle have been presented. With proper individual case analysis and therapeutic exercise equipment, optimum exercise routines for restoring joint motion and muscle power are possible even in the most complicated mechanical situations.

Progressive resistance exercises are useful in restoring hip muscle strength in these patients; they usually are started at the end of the third month but may start earlier with minimal resistance and counterbalancing.

Progressive resistance exercises are advocated four days weekly, once daily. Each exercises is carried through thirty repetitions, which are broken up into three sets of ten repetitions each. Ten Repetition Maximums and minimums are determined weekly for measurement of progress.

Except where hindered by pain, lack of cooperation or firmly rooted habit patterns, muscle strength substantially improved in one to three months of exercise. The increased strength resulted in both objective and subjective functional improvement.

PRACTICAL ASPECTS OF CEREBRAL VASCULAR ACCIDENTS

H. Houston Merritt, M.D., Columbia University, New York City. In NEW YORK STATE JOURNAL OF MEDICINE, 48:2371-2378, 1948.

After recovery from the acute phase, therapy is directed toward restoration of function in the paralyzed limbs. Light massage and passive movements are begun. The patient is encouraged to use paralyzed muscles.

Unduly prolonged exercise is fatiguing and discouraging to the patient. As muscular activity returns, increasing degrees of active exercise are

(*Continued on page* 48)

Now Available

BACITRACIN TROCHES

CSC

- **Effective Against Many Oral and Pharyngeal Pathogens**
- **Low Index of Allergenicity**
- **Pleasant Tasting**

The antibiotic properties of bacitracin can now be advantageously employed in the treatment of many oral and pharyngeal infections due to bacitracin-sensitive organisms. Each troche provides 1,000 units of bacitracin, and maintains high bacitracin salivary levels for at least one hour. Thus Vincent's infection and other local infections of the mouth, tonsils, and pharynx can be subjected to the direct antibiotic influence of bacitracin.

Bacitracin Troches-C.S.C. are outstanding because of their low index of allergenicity. Local allergic reactions in the oral and pharyngeal mucous membranes do not complicate their use as with other antibiotic troches. Pleasant tasting, each troche remains intact for 1 to 2 hours. Available on prescription at all pharmacies in bottles of 25.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 EAST 42ND STREET, NEW YORK 17, NEW YORK



Physical Medicine (Continued)

introduced. As soon as advisable, the patient is allowed in a chair for progressively longer intervals. Graduated instruction in exercise and walking is begun with a view to making the patient as self-sufficient as possible.

Aphasia or disorders of speech require patience and persistent effort. Best results are obtained when reeducation is under the supervision of a trained speech therapist.

SUCTION SOCKET FOR ABOVE KNEE PROSTHESIS

Thomas John Canty, Commander (MC) U.S.N.; Robert M. Ware, Lieutenant, junior grade (MSC) U.S.N. In U.S. NAVAL MEDICAL BULLETIN, 49:2:216, March-April, 1949.

The suction socket utilizes the principle of slight negative pressure. Vacuum created in the closed bottom of the socket holds the movements of the artificial leg. No pelvic joint and belt, or shoulder harness is necessary (fig.1).

An enclosed space of about 6 to 8 cubic inches is made in the bottom of the socket between the end of the stump and the closed end of the socket. This acts as an air seal and when the leg is lifted from the ground, the air pressure in the enclosed space falls to about 2 pounds per square inch negative pressure, thus retaining the stump in the socket. An expulsion type valve is fitted into the air space to allow air to be expelled when the stump is weight bearing in the socket. No stump sock is worn.

Contra-Indications

Patients with associated injuries of the pelvis and opposite leg and injuries about the hip joint, with instability, do not use a suction socket advantage.

Advantages

The advantages of the suction socket over the conventional artificial leg are:

(1) Greater freedom of movement in all directions, especially laterally.
(2) Elimination of the pelvic belt and joint or shoulder harness, thus preventing break-down of these parts.
(3) Less physical hindrance and less wear and tear of clothing.
(4) The prosthesis is lighter and the amputees state that the "dead weight" feeling is greatly reduced and that the prosthesis

(*Continued on page* 50)

For

Better Fetal

and

Maternal Health



Prenatally and Postnatally

Decalbion-C is the practical answer to the newly recognized greatly increased need for vitamin C and other nutrients during pregnancy and lactation. It provides the very vitamins and minerals required in greater amounts during these periods, and goes far in assuring adequacy of intake. Thus its routine use in proper dosage (3 capsules 4 times daily) promotes better health not only in the expectant and nursing mother, but also in the newborn.

Decalbion-C is also of excellent value to satisfy the vitamin and mineral needs of children and of convalescents. Available through all pharmacies.

Each Decalbion-C capsule provides:

Dicalcium Phosphate	15 grs. (0.975 Gm.)
Vitamin D, Synthetic	444 U.S.P. Units
Ferrous Sulfate, Dried	½ gr. (0.032 Gm.)
Thiamine Hydrochloride	3 mg.
Riboflavin	3 mg.
Nicotinamide	15 mg.
Calcium Ascorbate	25 mg.

(Equivalent to 20 mg. of ascorbic acid)

SE M CO

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.
NEW YORK · SAN FRANCISCO · KANSAS CITY

DECALBION-C

feels more like an integral part of the body.

(5) Friction between the skin and sides of the socket is eliminated.

(6) Elimination of stump sock.

(7) The stump muscles hypertrophy instead of atrophy, resulting in better control of the prosthesis.

(8) With the recommended shape and ischial seat, proper stump length is maintained and the subcutaneous fat roll, which occurs at the top of the socket with the conventional plug fit, is alleviated.

Disadvantages

Most failures are due principally to the psychologically unstable patient. The suction socket requires a most accurate fit and alinement. The amputee must learn to place his stump in the socket correctly each time he wears the prosthesis. There is a period of several weeks of ischial discomfort, under the ischial tuberosity, which gradually disappears as the soft tissue and skin in the area adjust to weight bearing. The time required for an amputee to learn to walk is longer with a suction socket than with a conventional type leg, as observed when used on new amputees. Since the amputee uses his stump to control the limb, muscular development occurs. This requires further adjustment in the fitting of the socket by relief of stock in the socket sides in order to allow room for the increased size of the muscles.

Conclusions

1. Above-knee suction sockets can be successfully fitted in about 90 percent of above-knee amputees.

2. Suction sockets are indicated in stumps with impaired circulation because of the beneficial effects of the alternating positive and negative pressures, with resulting improvement in stump circulation.

3. In patients with extremely short stumps a suction socket provides the very necessary method of holding the stump in the socket.

Surprising bit of information from a student's autobiography: "If you're a girl it will show up in some way."

SPECIFIC DESENSITIZATION is the aim in Ragweed Pollinosis..

The antihistaminic drugs "do not replace the more lasting benefit obtainable by successful specific . . . desensitization."
Feinberg, S. M.: Postgrad. Med. 3: 92 (1948).

"Apparently, desensitization treatment is still the method of choice, and the antihistaminic drugs cannot be considered as substitutes."
Levin, L.; Kelly, J. F., and Schwartz, E.: New York State J. Med. 48: 1474 (1948).

The antihistaminic drugs "are valuable additions to our armamentarium, but do not . . . supplant the specific desensitizing injections."
Brown, G. T.: M. Ann. District of Columbia 16:675 (1947).

Pollen desensitization "still remains the treatment of choice in hay fever."
Rosen, F. L.: J. M. Soc. New Jersey 45: 390 (1948).

DIAGNOSTIC AND TREATMENT SETS

State Pollen Diagnostic Sets ($7.50): Dry pollen allergens selected according to state; 1 vial house-dust allergen. Material for 30 tests in each vial.

Stock Treatment Sets ($7.50): Each consisting of a series of dilutions of pollen extracts for hyposensitization, with accompanying dosage schedule. Single pollens or a choice of 21 different mixtures. Five 3-cc. vials in each set—1:10,000, 1:5,000, 1:1,000, 1:500, and 1:100 concentrations.

Special Mixture Treatment Sets ($10.00)
Mixtures of pollen extracts specially prepared according to the patient's individual sensitivities. Ten days' processing time required.

Arlington offers a full line of patent, carefully prepared, and properly preserved allergenic extracts for diagnosis and treatment—pollens, foods, epidermals, fungi, and incidentals.

Literature to physicians on request.

Arlington

THE ARLINGTON CHEMICAL COMPANY
YONKERS 1, NEW YORK



AT LAST! EFFECTIVE RELIEF IN BRONCHIAL ASTHMA

——"*inconspicuous side effects*"[1]

Prompt, complete relief in bronchial asthma and associated conditions . . . yet "causes very little central nervous stimulation and produces little or no pressor action."[1]

85%–90% effective relief in over 1400 patients during an exacting 8-year clinical study.

Increased vital capacity . . . better feeling of well-being . . . essentially free from undesirable side actions.

Its name is **NETHAPHYL®**



Each capsule contains: Nethamine® Hydrochloride 50 mg., Butaphyllamine® 0.12 Gm., and phenobarbital 15 mg.
Also available in half-strength.

For liquid dosage . . . Syrup Nethaprin.® Pleasant tasting. Nethaphyl's effective relief, enhanced by Decapryn's long-lasting antihistaminic action in seasonal and other allergies. *Each 5cc contains: Nethamine® 25 mg., Theophylline (U.S.P.) 50 mg., Decapryn® Succinate 6 mg.*

CINCINNATI MERRELL 1828 U. S. A.

1—Hansel, F. K.: Ann. Allergy, 5:397, 1947.

BOOK REVIEWS



CLINICAL AUSCULTATION OF THE HEART: By Samuel A. Levine, M.D., Clinical Professor of Medicine, Harvard Medical School; Physician, Peter Bent Brigham Hospital; and W. Proctor Harvey, M.D., Research Fellow in Medicine, Harvard Medical School Assistant in Medicine, Peter Bent Brigham Hospital. 327 pages with 286 figures. Philadelphia and London: W. B. Saunders Company, 1949. Price $6.50.

Doctors Levine and Harvey have written a masterful treatise upon office and bedside ausculation of the heart. The clinical significance of ausculatory findings are correlated with actual sound tracings from the phonecardiograph and simultaneous electrocardiographic recordings which affords excellent visualization of the points under discussion. To add further importance to cardiac acoustics, related clinical conditions are clearly discussed from the diagnostic standpoint and the therapeutic approach. The authors have made their book practical and concise, but one cannot read it hastily because there is so much valuable and specific information to be mentally digested. Upon completion of his reading, one realizes how important is listening and palpation towards arriving at his diagnosis, rather than relying heavily upon mechanical instruments. This book is most timely in an age where the laboratory has almost superseded the art of physical examination.

J. W. F.

GERIATRIC MEDICINE: The Care of the Aging and the Aged. Edward J. Stieglitz, M.S., M.D., F.A.C.P. Second Edition, 1949. 773 pages, 180 figures. W. B. Saunders Company, Philadelphia and London. Price $12.00.

It has been six years since the author edited the first volume of this book, and many changes relative to the care of the aging and the aged have been made during this time. Articles by 46 contributors in addition to those of the editor, make up the volume.

This edition devotes more space to the problems relative to the aging than appear in most books on Geriatric Medicine. It is the author's intense desire to see more attention given to those past middle age in the effort to do everything possible to increase the span of usefulness as well as the span of life. The elderly, each year, are becoming an increasing percentage of the population of this country. Many in this class are actually the leaders in most divisions of the nation's activities, in business and the professions.

Following the fundamental and expected general considerations which are presented in the first eleven chapters, subsequent sections are devoted to considerations of disorders of metabolism, disorders of the mind and nervous system; disorders of the respiratory system, the circulatory system, the alimentary system, the genitourinary system, the skeletal system, and the cutaneous system. Carefully selected men interested in these fields of work have presented each of these subjects well.

The many illustrations and charts add materially to the value and interest of the book. It should be available to members of the medical profession who must care for the ever increasing number in the aging and the aged groups. It is a most interesting book to read, and should be of much value to many for quick reference when specific problems arise in the field of Geriatric Medicine.

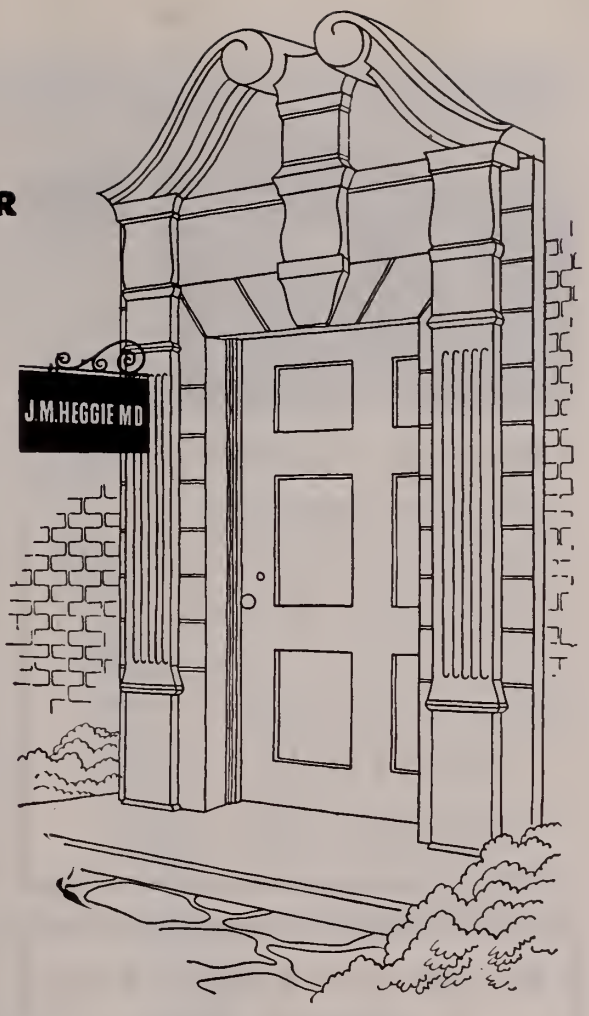
H.M.C.

AESCULAPIUS COMES TO THE COLONIES: By Maurice Baar Gordon, M.D., Ventnor Publishers, Inc., Ventnor, New Jersey. 560 pages. 1949, Price $10.00.

The author has given a most interesting story of

(*Continued on page* 54)

BEHIND THIS DOOR



. . . is the man who merits the confidence of millions of married women seeking advice about contraception. For the doctor this is a grave responsibility. The finality of pregnancy brooks no hit or miss preventive measures. When childbearing is contraindicated, only an effective means of contraception can be considered. This explains the widespread professional acceptance of Lanteen contraceptive products.

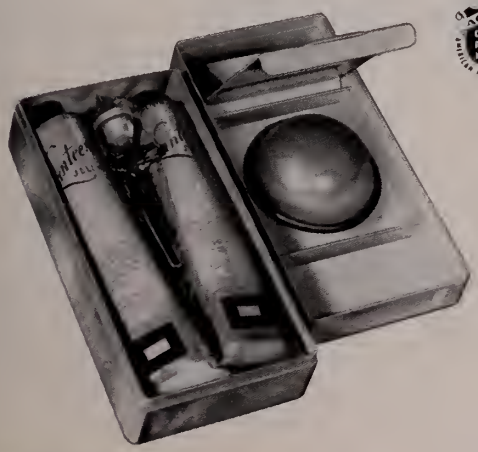
The diaphragm and jelly method of contraception, which comprises the Lanteen Technique, is accepted by leading authorities as one of the safest and most effective means of preventing conception. The Lanteen Diaphragm, made of the finest rubber and watch spring steel, is scientifically designed for complete comfort and dependable protection. Lanteen Jelly, containing hexylresorcinol, has been proven spermatocidal in the shortest time interval recorded in the officially recognized Becker and Gamble[1] test. Despite this potent sperm-destroying action, the jelly is actually soothing to sensitive membranes.

Both the Lanteen Diaphragm and Lanteen Jelly are accepted by the Council on Physical Medicine and the Council on Pharmacy and Chemistry of the American Medical Association, respectively.

Lanteen Jelly contains: Ricinoleic Acid, 0.50%; Hexylresorcinol, 0.10%; Chlorothymol, 0.0077%; Sodium Benzoate and Glycerine in a Tragacanth base.

1 Becker, B., and Gamble, C. J.: The Spermicidal Times of Contraceptive Jellies and Creams, Human Fertility, *11*:111 (Dec.) 1946.

Write for literature describing the Lanteen Method of Contraception.



ACCEPTED COUNCIL ON PHYSICAL MEDICINE AMERICAN MEDICAL ASSOCIATION

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

The Lanteen Diaphragm and Lanteen Jelly are accepted by the Council on Physical Medicine and the Council on Pharmacy and Chemistry of the American Medical Association, respectively.

Lanteen

MEDICAL LABORATORIES, INC.

Chicago, Ill.



2 Hanger Legs = Independent Living

A double amputee, Harvey A. Macy, says: "The pair of Hip Control AK Hanger Limbs are as near perfect as I believe an artificial leg can be. I am satisfied with them in every detail—looks, comfort, and performance. I drive my car with only one added feature, a special hand throttle." Hanger Artificial Limbs here have made possible the important thing for every amputee—returning to self-reliant daily life. Careful fitting and manufacture have done the same for thousands of Hanger Wearers for 88 years.

HANGER ARTIFICIAL LIMBS

527-529 S. Wells St., Chicago 7, Illinois
1912-14 Olive Street, St. Louis 3, Missouri

Our 35th Year Complete X-Ray & Laboratory Service
Central X-Ray & Clinical Laboratory

F. F. Schwartz, M.D. Director
109 N. Wabash Ave. De 2-6960
(Chicago)

BELLEVUE PLACE
For
NERVOUS and MENTAL DISEASES

★

Edward Ross, M.D., Medical Director
BATAVIA ILLINOIS
PHONE BATAVIA 1520

Book Reviews (Continued)

the history of medicine in the original thirteen colonies. It is quite obvious from the contents of this fascinating book, that a great deal of research work was done to make the book possible.

Each of the thirteen colonies is presented in a single chapter with factual data concerning the outstanding pioneer men of medicine in the era. The first, or introductory chapter, is very interesting as it gives much information on the colonial physicians, especially their many activities outside the field of medicine. Five of them were signers of the Declaration of Independence, some were governors of their respective states, and many held prominent positions in their state and federal governments.

Another interesting feature is the work of many outside the medical profession who had an unusual interest in health and disease and who added to the literature of the day. Benjamin Franklin designed the first flexible catheter used in this country, and likewise invented, as a matter of convenience for himself, the first bifocal glasses. Later he was given an honorary degree in medicine for his unusual interest, writings and other activities along medical lines.

John Wesley in Georgia, always interested in medicine and its progress, likewise added to the literature of this period, and quite obviously had more than the usual knowledge concerning the nature of prevailing diseases.

There are many fine illustrations which add materially to the interest and value of the book. The index is unusually complete; the last chapter gives in detail, the major sources of information which made the book possible.

This is a most fascinating book, and one which will be used freely by those interested in medical history and progress. Much can be said relative to the format, as well as the unusual manner in which the subject matter has been presented. Anyone who will read the book will be well repaid indeed, and will realize the many activities of these pioneer men of medicine, other that those purely medical in character.

H.M.C.

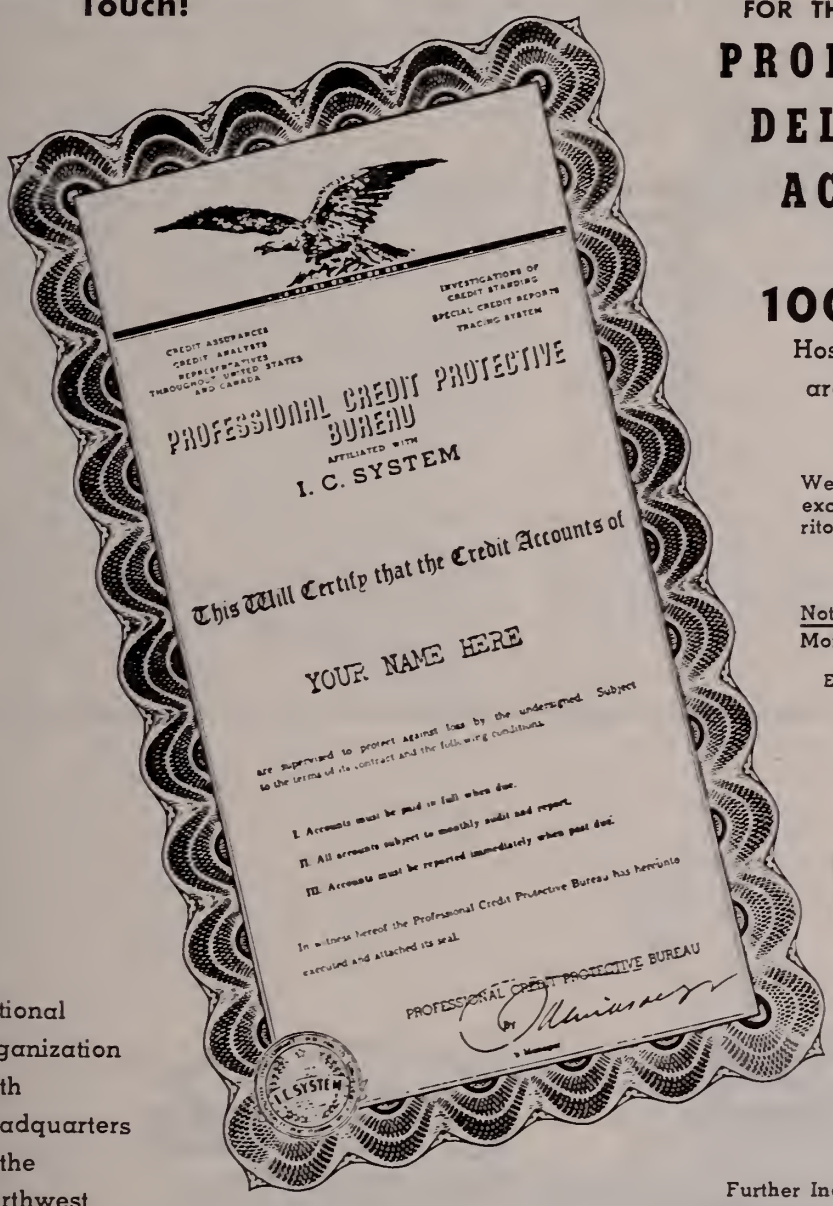
BACTERIAL AND VIRUS DISEASES: Antisera, toxoids, vaccines, and tuberculins in prophylaxis and treatment. By: H. J. Parrish, M.D., F.R.C.P.E., D.P.H. Clinical Research Director, Wellcome Foundation Ltd., formerly Bacteriologist, Wellcome Physiological Research Laboratories. Baltimore. The Williams and Wilkins Company. 1948. 168 pages. $2.75.

This small book is intended to serve as a summary of the essential principles of practical immunology for medical students. It includes a brief general section on immunology and other sections of specific immunization. The textual matter is terse and pointed. The charts, illustrations and outlines are useful. The only fault found was the rather confusing tendency to use initials as abbreviations; for example A.P.T. for alum-precipitated (diphtheria) toxoid, T.A.F. for toxin anti-

(*Continued on page 56*)

The "Ethical" Collection Service

with the Velvet Touch!



FOR THE COLLECTION OF

PROFESSIONAL DELINQUENT ACCOUNTS

1000 Doctors

Hospitals and Clinics are satisfied clients

We will furnish references of excellent service in your territory.

Not a Collection Agency—All Monies Paid Directly to You.

Ethical. Courteous. Effective—
Retains Good Will

Professional Credit Protective Bureau

DIVISION OF
THE I. C. SYSTEM
310 Phoenix Bldg.
Minneapolis, Minn.

A National Organization With Headquarters in the Northwest

OFFERED AND RECOMMENDED BY

Minn. Auto Dealers Ass'n	NW Ret. Coal Ass'n
Minn. Ret. Hdwe. Ass'n	NW Petroleum Ass'n
Minn. Elec. Council	Cent. Co-op Wholesalers
Northwest Retailers	N.D. Auto Dealers Ass'n
NW Ret. Feed Ass'n	N.D. Imp. Dealers Ass'n

Northwest Retail Lumbermen's Ass'n

and thirty-four other trade associations from coast to coast

Further Inquiry Invited

FILL OUT AND MAIL COUPON NOW

Professional Credit Protective Bureau
310 Phoenix Building
Minneapolis, Minn.

Gentlemen:

Without obligation, please send complete information regarding this service.

Name

Address

City State

Book Reviews (Continued)

toxin floccules, and P.T.O., T.O.A., B.E., and T.R. for the various tuberculins. All this seemed a little too reminiscent to us of the alphabet agencies of one of our recent political administrations. Perhaps these abbreviations are more commonly understood in England.

J. C. S.

PRIMARY ANATOMY. By H. A. Cates, M.B., Professor of Anatomy, University of Toronto. Baltimore: The Williams and Wilkins Company. 1948. 478 pages. $6.00.

This is a textbook on elementary anatomy, intended for non-medical students such as nurses, physiotherapists, physical educationists and the like. It is a clearly written book with short, simple sentences which might also be read with profit by many a medical student.

J. C. S.

A TEXTBOOK OF GENERAL PHYSIOLOGY. By Philip H. Mitchell, Ph.D. Robert P. Brown Professor of Biology, Brown University. Fourth Edition. McGraw-Hill Book Company, Inc., New York. 1948. 928 pages. $7.50.

The fourth edition of this standard textbook has been extensively revised and rewritten. The book is designed for college students who want to study the essentials of physiology but who lack extensive preparation.

J. C. S.

A METHOD OF ANATOMY: Descriptive and Deductive. By J. C. Boileau Grant, M.C., M.B., Ch.B., F.R.C.S. (Edin.). Professor of Anatomy in the University of Toronto. Fourth Edition. The Williams and Wilkins Company, Baltimore. 1948. 852 pages. $7.00.

The fourth edition of this successful book carries out the tradition of the earlier editions. This would be enough information for one familiar with the earlier editions; for those who have not had this privilege, one may say that Grant approaches anatomy in a way that may be new for some of us. He believes in asking the student to correlate facts rather than to memorize them, to apprehend the underlying principles, and thus to think anatomically. Grant believes that it is easier for the student to remember that the posterior tibial artery lies two tendons' breadth from the tibial malleolus — a fact already learned by dissection — than to learn that the artery lies half an inch from the malleolus. The success of this book can be measured by the fact that since 1937 it has gone through four editions and nine reprintings.

J. C. S.

Vaccination with BCG must not be regarded as a substitute for approved public health measures nor can the vaccination of the general population be recommended at the present time except for carefully controlled investigative programs, several of which are now under way. Nat. Tuberc. A. Bull., March, 1948.



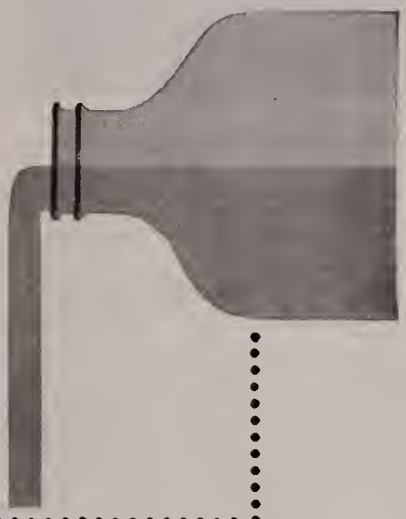
DRINK
Coca-Cola
TRADE MARK REG.

You trust
its quality

YOUR PATIENTS WILL APPRECIATE THIS

new

truly palatable
highly concentrated
Choline
Preparation



Solution Choline Gluconate-C.S.C. represents a significant advance in choline therapy. Its citrus orange flavor is unusually delightful, making it acceptable even over the prolonged periods required in the treatment of many hepatic disorders. This preparation, which replaces Syrup Choline Bicarbonate-C.S.C., contains 62.5% choline gluconate or the equivalent of 25% choline base, the highest choline content of any choline solution available today. Furthermore, its low cost to the patient in terms of choline content, makes it outstandingly economical.

Solution Choline Gluconate-C.S.C. is indicated in the treatment of all hepatic, precirrhotic, and cirrhotic conditions in which choline is of value. It is best taken diluted with a half glass of water.

Now available on prescription at all pharmacies in one pint bottles.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 E. 42ND ST., NEW YORK 17, N. Y.

Solution
CHOLINE GLUCONATE



FULLY APPROVED BY THE
AMERICAN COLLEGE OF SURGEONS

NORTH SHORE HEALTH RESORT

WINNETKA, ILLINOIS

on the Shores of Lake Michigan

A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock

Samuel Liebman, M.S., M.D.
Medical Director

225 Sheridan Road **Phone Winnetka 211**

BOOKS RECEIVED

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

TONICS AND SEDATIVES: Selected from his favorites by Morris Fishbein, M.D., Editor of the Journal of the American Medical Association. With 51 Original Drawings by Page Cary. Philadelphia and London, J. B. Lippincott Company. Price $2.00.

CLINICAL CHEMISTRY IN PRACTICAL MEDICINE: By C. P. Stewart, M. Sc. (Dunelm.), Ph.D. (Edin.), Reader in Clinical Chemistry, University of Edinburgh; Senior Biochemist, Royal Infirmary, Edinburgh; and D. M. Dunlop, B.A. (Oxon.), M.D., F.R.C.P. (Edin.), F.R.C.P. (Lond.), Christison Professor of Therapeutics and Clinical Medicine, University of Edinburgh; Physician, Royal Infirmary, Edinburgh. Third Edition. The Williams and Wilkins Company, Baltimore, 1949. Price $5.00.

MEDICINE OF THE YEAR. First issue, 1949. Editorial Direction, John B. Youmans, M.D., Dean, College of Medicine, University of Illinois. Internal Medicine, Hugh J. Morgan, M.D., Professor of Medicine, Vanderbilt University. Obstetrics, Frank Whitacre, M.D., Professor of Obstetrics and Gynecology, University of Tennessee; Pediatrics, Henry G. Poncher, M.D., Professor of Pediatrics, University of Illinois; Surgery, Warren H. Cole, M.D., Professor of Surgery, University of Illinois. J. B. Lippincott Company, Philadelphia, London. 1949. Price $5.00.

THE PREMATURE INFANT: Medical and Nursing Care. By Julius H. Hess, M.D., Professor Emeritus, Department of Pediatrics, University of Illinois College of Medicine; Senior Attending Pediatrician, Michael Reese Hospital, and Consulting Pediatrician, Cook County Hospital, and Evelyn C. Lundeen, R.N., Supervisor, Premature Infant Station, Sarah Morris Hospital Station of Michael Reese Hospital, Chicago. 101 illustrations. Second Edition. Philadelphia and London; J. B. Lippincott Company, 1949. Price $6.00.

BENSLEY'S PRACTICAL ANATOMY OF THE RABBIT: An Elementary Laboratory Text-Book in Mammalian Anatomy. Eighth Edition Fully Revised and Edited by E. Horne Carigie, Ph.D., Professor of Comparative Anatomy and Neurology in the University of Toronto. The Blakiston Company, Philadlphia, 1948. Price $4.00.

COSTEFF SANITARIUM

Mental and Nervous Disorders
Alcoholism and Drug Addiction

- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois
HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.



in whooping cough

ELIXIR BROMAURATE

GIVES EXCELLENT RESULTS

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY

FEMALE SEX ENDOCRINOLOGY: Concise Therapy. Charles H. Brinberg, M.D., Associate Obstetrician, Chief of Female Sex Endocrinology and Endocrine Laboratory, Jewish Hospital of Brooklyn. 30 illustrations, including three in color. Philadelphia and London, J. B. Lippincott Company, 1949. Price $4.00.

MEDICINE: By A. E. Clark-Kennedy, M.D., F.R.C.P., Fellow of Corpus Christi College, Cambridge; Physician to the London Hospital and Dean of the Medical School. Volume Two. Diagnosis, Prevention and Treatment. The Williams and Wilkins Company, Baltimore, 1949. Price $7.00.

NEUROLOGY: By Roy R. Grinker, M.D., Director of The Instisute for Psychosomatic and Psychiatric Research and Training and Chairman, The Department of Neuropsychiatry of the Michael Reese Hospital, Chicago, Illinois, and Paul C. Bucy, M.D., Professor of Neurology and Neurological Surgery, University of Illinois College of Medicine, Chicago, Illinois. Fourth Edition. Completely Revised and Reset in New Type. Charles C. Thomas, Publisher, Springfield, Illinois. Price $12.50. Publication date, June 1, 1949.

MEDICAL ETYMOLOGY — The History and Derivation of Medical Terms for Students of Medicine, Dentistry and Nursing: By O. H. Perry Pepper, M.D., Professor of Medicine, University of Pennsylvania. 263 pages. Philadelphia and London: W. B. Saunders Company 1949. Price $5.50.

OPERATIVE TECHNIC IN GENERAL SURGERY. Edited by Warren H. Cole, M.D., F.A.C.S., Professor and Head of the Department of General Surgery, University of Illinois College of Medicine; Director of Surgical Service, Illinois Research and Educational Hospitals, Chicago. Introduction by Frank H. Lahey, M.D., F.A.C.S. Appleton-Century-Crofts, Inc., New York. Price $16.00.

ZINC IONS IN EAR, NOSE, AND THROAT WORK: By A. R. Friel, M.D., (Univ. Dub.), F.R.C.S.I. Illustrated. Bristol: John Wright and Sons, Ltd. London: Simpkin Marshall, Ltd. 1948. Price $2.00.

FRANKNESS WITH THE HARD OF HEARING PATIENT

We will do our hard-of-hearing patients a much greater service if we are frank and honest with them. If we find that their hearing cannot be improved by recognized medical or surgical therapy, we should so tell them and take a little extra time to give them advice and information about artificial hearing aids.

Excerpt, The Clinical Management of Deafness, Kenneth M. Day, M. D., Pittsburgh, Pa.; The Pennsylvania Medical Journal, April, 1949.



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. — *Medical Director*

Barclay J. MacGregor — *Registrar*

33 GENEVA ROAD,
WHEATON, ILLINOIS
(near Chicago)

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Physician

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

FIND PERSONS WITH HIGH BLOOD PRESSURE LACK SELF-ASSERTION

A significant association between high blood pressure and lack of assertiveness is pointed out by five St. Louis doctors.

The doctors — Gregory C. Gressel, M. D., Frank O. Shobe, M. D., George Saslow, M. D., Henry A. Schroeder, M. D., and Philip H. DuBois, Ph. D., of the Departments of Neuropschiatry, Psychology, and Internal Medicine of Washington University — made a study of personality patterns in 50 patients with high blood pressure as part of a comprehensive investigation of the disease.

Reporting in the May 21 Journal of the American Medical Association, the doctors say that a comparison of personality patterns of these patients and of those of 49 patients with personality disorders and 44 patients with chronic illness of physical origin shows statistically signficant degrees of association between high blood pressure and "subnormal assertiveness" and "obsessive-compulsive behavior."

Traits of being excessively submissive, ingratiating, and apologetic, and of greatly repressed feelings of hostility were found in 34 of these patients with high blood presure, in 20 of the patients with personality disorders, and in only six of the patients with chronic illnes of physical origin. Handicapping traits of meticulous and repetition of actions were found in 37 patients in the first group, 14 in the second group, and six in the third group.

FIND ANTIBIOTIC EFFECTIVE AGANST VIRUS PNEUMONIA

Virus pneumonia responds favorably to aureomycin, according to two doctors who made a controlled study of the newer antibiotic drug as a treatment for this virus disease of the lungs.

No previously available drug has been found effective against virus pneumonia.

Gordon Meiklejohn, M. D., Berkeley, Calif., assistant professor of medicine at the University of California Medical School, San Fransisco, and consultant in virology for the California State Department of Health, and Capt. Robert I. Shragg, M. D., Fort Ord, Calif., of the Medical Corps, Army of the United States, report their study in the May 28 Journal of the American Medical Association.

All of a group of 22 patients treated for virus pneumonia with aureomycin at the Station Hospital, Fort Ord, responded rapidly to the drug, and 12 were clear of fever 48 hours after it was first administered, the doctors say.

Out of a control group of 20 patients at the hospital treated for the disease with penicillin, six became clear of fever 48 hours after the first dose of the drug was given.

The proportion of deaths from tuberculosis among people over 45 years of age is steadily increasing. Robert J. Anderson, M. D., Pub. Health Rep., April 1, 1949.

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium — Telephone Naperville 450

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



for Fifty Years

PROFESSIONAL PROTECTION

EXCLUSIVELY

THE MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

CHICAGO: T. J. Hoehn, E. M. Breier and W. R. Clouston, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 2-0990—ROCHESTER: F. A. Seeman, Representative, Tel. Rochester 6481

Fairview Sanitarium

2828 S. PRAIRIE AVE.
CHICAGO 16
Phone CAlumet 5-4588

Registered with the American Medical Association,

FOR THE DIAGNOSIS AND TREATMENT OF

MENTAL and NERVOUS DISORDERS

featuring all recognized forms of therapy including —

ELECTRONARCOSIS
ELECTRIC SHOCK
HYPERPYREXIA
INSULIN

NEWEST TREATMENTS FOR ALCOHOLISM

J. DENNIS FREUND, M.D.

Medical Director and Superintendent

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 54

CLASSIFIED

Classified Advertisements 64

FOODS

Borden Company, 350 Madison Ave., New York
Coca Cola, Atlanta, Ga. 56
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
Swift & Co., Chicago 41
Wander Company, 360 N. Michigan Ave., Chicago

FINANCIAL AND INSURANCE

I. C. System 55
Medical Protective Co., Fort Wayne, Ind. 61
Physician Casualty Co., Omaha, Neb. 5

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Illinois 23
Ames Co., Inc., Elkhart, Ind.
Ar Ex Cosmetics, Inc., Chicago 7
Arlington Chemical Co., Yonkers 1, N. Y. 50
Armour Laboratories, Chicago 9, Ill. 38
Ayerst, McKenna & Harrison Ltd., New York 16 12
Bristol Laboratories, Inc., Syracuse 1, N. Y.
Bristol-Meyers Co., New York
Burroughs-Wellcome & Co., Tuckahoe 7, N. Y. 17
Ciba Company, Summit, N. J. 4
Commercial Solvents Corp., Terre Haute, Ind. 47, 57
Doho Chemical Corp., New York 13, N. Y.
Eaton Laboratories, Inc., Norwich, N. Y.
Endo Products, Inc., Richmond Hill 18, N. Y.
Gold Pharmacal Co., New York 59
Hoffman-LaRoche, Inc., Nutley, N. J. 16
Holland-Rantos Co., Inc., 551 Fifth Ave., New York
Homemakers' Products Corp., New York 10, N. Y. 64
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 48
International Vitamin Corp., 50 E. 42nd St., New York City
Kremers-Urban Co., Milwaukee 1 37
Lanteen Medical Laboratories, Chicago 10 53
Lederle Labs, New York 20 21
Thos. Leeming Co., 155 E. 44th St., New York 17 3
Lily, Eli & Co., Indianapolis, Ind. 33, 34
S. E. Massengill Co., Bristol, Tenn. 49
Merck & Co., Rahway, N. J. 45
Wm. S. Merrell, Cincinnati 14, 27, 51
Morris, Philip & Co., 119 Fifth Ave., New York 40
Num Specialty Co., Pittsburgh, Pa. 58
Nepera Chemical, Yonkers, N. Y. 26
Numotizine, Inc., Chicago 10 10
Organon, Inc., Orange, N. J. 20
Parke, Davis & Co., Detroit, Mich. 11
Plastishield, Inc., Minneapolis 2, Minn. 46
Reynolds & Co., R. J., Winston-Salem, N. C. 42
A. H. Robins Co., Inc., Richmond 20, Va. 29
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago 30
Sandoz Pharmaceuticals, New York 14
Schenley Laboratories, Inc., N. Y. 1, N. Y.
Schering Corp., Bloomfield, N. J. 15
Schieffelin & Co., New York 3
Schmid, Julius, Inc., 423 W. 55th St., New York City ... 39
G. D. Searle & Co., P. O. Box 5100, Chicago
.....Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago 18
The Smith Dorsey Co., Lincoln, Nebr. 8
Smith, Kline & French, Philadelphia 13, 19, 28, 35, 63
E. R. Squibbs & Co.
The Tarbonis Co., Cleveland 3, Ohio
Upjohn Co., Kalamazoo, Mich.
Walker Vitamin Products, Inc., New York
Wm. R. Warner & Co., 113 W. 18th St., New York 25
Whittaker Laboratories Inc., New York City 5
White Laboratories, Inc. 6, 31, 43
Winthrop Stearns Co., 70 Varick St., New York 32
Wyeth Incorporated 24
Zemmer Co., Pittsburgh, Pa.

SANATORIA AND SANITARIA

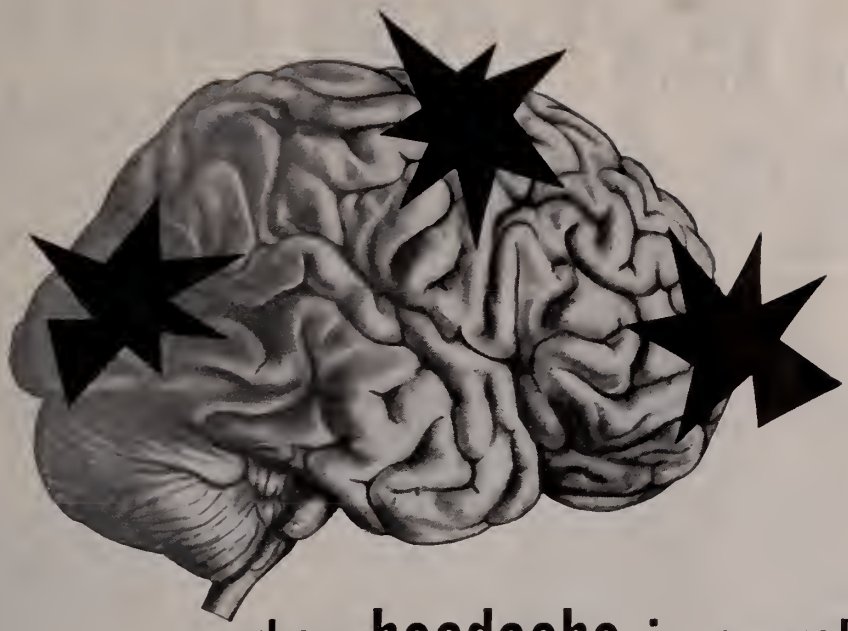
The Bellevue Place, Batavia, Ill. 54
Costeff Sanatorium, Peoria, Ill. 58
Edward Sanatorium, Naperville, Ill. 60
Fairview Sanitarium, Chicago 16 61
Michell Farm, Peoria 61
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 60
North Shore Health Resort, Winnetka 58
Mary Pogue School, Wheaton, Ill. 59
Stokes Sanitarium, Louisville, Ky. 64

EQUIPMENT

General Electric X-Ray Corp., 2012 W. Jackson Blvd., Chicago
Picker X-Ray, New York 10, N. Y. 22
Rexair, Toledo, Ohio

RADIUM

Central X-Ray & Clinic Laboratory, 58 E. Washington, Chicago 54
Physicians Radium Assn., 55 E. Washington St., Chicago 64



when headache is a problem
Edrisal is the logical answer

". . . in the vast majority of patients . . .
psychologic factors are present which tend to increase
the frequency and severity of headaches . . ."

Friedman, A. P., and Brenner, C.: N.Y. State J. Med. 45:1969

Edrisal is remarkably effective in headache, even in difficult psychogenic cases. For Edrisal is the only analgesic preparation that contains 'Benzedrine' Sulfate—the rational anti-depressant. Edrisal, therefore, not only relieves the pain itself but also—by lifting your patient's mood—relieves his concern with pain. Best results are usually obtained with a dosage of *two* Edrisal Tablets—repeated every three hours, if necessary.

Smith, Kline & French Laboratories, Philadelphia

Edrisal its dual action relieves pain, lifts mood

Each Edrisal tablet contains Benzedrine* Sulfate (racemic amphetamine sulfate, S.K.F.), 2.5 mg.; acetylsalicylic acid, 2.5 gr.; and phenacetin, 2.5 gr. Available on prescription only.*

*'Benzedrine' and 'Edrisal' T.M. Reg. U.S. Pat. Off.

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: CEntral 6-2268 and 6-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate

Classified Ads

FOR SALE: Obstetrical and general practice, railroad resident surgeon and examiner for many insurance companies. Am on 35 bed hospital staff in town of four thousand; with several coal mines and factories in good farming community. Office and equipment for lease. A good opportunity. Retiring because of health. Write Box 151, Illinois Medical Journal, 30 N. Michigan, Chicago 2.

WANTED: Illinois licensed Optometrist, 25, desires position as clinician with hospital, clinic, or private practitioner for part or full time. Good educational background and some experience. Write Box 152, Illinois Medical Journal, 30 N. Michigan, Chicago 2.

FOR SALE: Excellent rural practice. Priced reasonable. Only physician to serve three communities. Established over 45 years. Home and interest in bank can be included. Dr. W. H. Whitsitt, Danforth, Illinois. 8/49

WANTED: Ethical Chicago Dentist with experience & good references would like to become associated with physician in Ill. or Iowa. Reason for moving excessive rent & overhead. Small comm. preferred. Box 150, Ill. Med. Jl., 30 N. Michigan, Chicago 2.

WANTED: Retired, active physician-Surg., Hosp. Administrator wishes position in pub. or priv. hosp. Registered Ill., Okla., N.Y., Main., sm. sal. Dr. M. Rm. 500, 105 S. LaSalle, Chicago.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

Diaparene

(METHYL BENZETHONIUM CHLORIDE)

"MEDICATES THE DIAPER"

Every day more physicians rely upon *non-mercurial* DIAPARENE to eliminate the cause of diaper rash.

Promoted exclusively through the medical profession. Samples to physicians on request.

Pharmaceutical Division, Homemakers' Products Corporation
New York 10, N. Y. Toronto 10, Canada

ROENTGENOGRAM NOT A "PICTURE"

Probably the most important thing I can urge upon you is an analytical study of the film. A very widespread misconception is expressed in the phrase "x-ray picture". The roentgenogram is not a "picture." It has projected on one plane, all of the shadow densities cast by a three dimensional object. It is, thus, far more like an architect's blueprint, and I am convinced that we are going to have to train ourselves to use the proper concept of what the film really represents and to employ the proper terminology ("x-ray studies", "x-ray films", or "roentgenograms") before we are going to progress very far in improving our results. One needs to think of the three dimensions of the part surveyed every time an x-ray film is studied and not just when stereoscopic films are employed. He must "see" in his mind the three dimensions on every film. —In the determination of roentgen pathology, one must recognize first that there is a deviation from the normal. This abnormality then must be evaluated in terms of the abnormal shadows representing the varying densities through which the x-rays have passed and, finally, the student must make a differential diagnosis between those conditions which could possibly be expected to cause those changes in density and be most likely to be responsible for the shadows under consideration. These roentgen indications of pathology may include abnormal calcifications or decalcifications, changes in illumination, in size, shape and contour of various organs or other structures, and changes in relationship.

Excerpt, The Approach to the X-Ray Film, Karl J. Myers, M.D., Philippi, W. Va., The West Virgina Medical Journal, June, 1949.

DEXTRI-MALTOSE

Simple to use...

WITH EVAPORATED MILK

1. Boil water.
2. Stir in Dextri-Maltose while water is hot.
3. Add evaporated milk and stir.



OR

WITH WHOLE MILK

1. Mix whole milk and water.
2. Heat until almost boiling and stir in Dextri-Maltose.
3. Boil gently for three minutes.



... FOR 38 YEARS COW'S MILK–DEXTRI-MALTOSE FORMULAS HAVE BEEN EMPLOYED BY PHYSICIANS TO MEET THE VARYING NUTRITIONAL REQUIREMENTS OF SICK AND WELL INFANTS. MEAD JOHNSON & CO., EVANSVILLE 21, IND., U. S. A.

Academy of Medicine
2 E 103 St
New York N Y
Exch



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
G. Charles Sutch, M. D.
Raymond Headlee, M. D.
Arthur J. Patek, M. D.
Consultant

G. H. Schroeder,
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

MS

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 1162

LIBRARY

The ILLINOIS Medical Journal

VOL. 96 NO. 3

September, 1949

Lessons Learned in the Effingham Hospital Fire

Acute Appendicitis With Perforation

Forty-Two Cases of Poliomyelitis

(See page 5 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY



Dosage Recommendations DRAMAMINE* in Motion Sickness

On the basis of formal and informal clinical reports the following dosages of Dramamine are indicated:

Dramamine
Brand of
Dimenhydrinate

SEASICKNESS

One 100 mg. tablet one hour before boarding the ship. Thereafter, one tablet before or with each meal and before retiring, as indicated.

AIRSICKNESS OR TRAIN SICKNESS

One-half tablet or one full tablet 30 minutes before starting the trip. Thereafter, similar dosage before or with each meal and before retiring, as indicated.

MOTOR CAR, STREET CAR OR BUS SICKNESS

One-half tablet or one full tablet 30 minutes before beginning the trip. Thereafter, similar dosage approximately every four hours, if necessary.

Searle
RESEARCH IN THE SERVICE OF MEDICINE

*Dramamine is the trademark of
G. D. Searle & Co., Chicago 80, Illinois

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.



NO MATTER WHO

Regardless of the patient's age or occupation, Calmitol affords swift, sustained and SAFE control of itching.

NO MATTER WHY

Regardless of etiology, Calmitol checks the pruritic impulse at its point of origin in skin receptors and nerve endings.





NO MATTER WHERE

Regardless of site, Calmitol affords sustained relief because its ointment base clings intimately to the affected area.

IT **DOES** MATTER WHAT

is used to control itching

A routine comment on calamine is that it "just doesn't work". As for phenol, cocaine and their derivatives, the dangers of application are painfully manifest. Efficacy and safety are well combined in Calmitol; its active ingredients, camphorated chloral, hyoscyamine oleate and menthol, control itching promptly without risk of "therapeutic" kickback.

CALMITOL

for relief from pruritus

Thos. Leeming & Co. Inc. 155 EAST 44th ST., NEW YORK 17, N. Y.

A potent vasodilator effective by mouth...

PRISCOLINE

FORMERLY PRISCOL*

In doses of 25 to 75 mg., administered either orally or parenterally, Priscoline hydrochloride "is a useful adjunct to treatment of many peripheral vascular diseases or circulatory disorders, and in this dose range usually is tolerated with few side effects."[1]

Priscoline "improves the circulation by dilatation of blood vessels. The drug acts in three ways: it has a histamine-like effect upon smaller blood vessels; it blocks the augmentor sympathetic vascular receptors; and has an adrenolytic effect which also results in dilatation of blood vessels . . . numerous reports have shown favorable results."[2]

Patients should be closely observed until optimal dosage is established, for possible paradoxical effects or orthostatic hypotension.

1. Grimson, Marzoni, Reardon and Hendrix: Ann. of Surg., 127: 5, May, 1948.
2. Reich, N. E.: Med. Times, Jan., 1949.

PRISCOLINE, Tablets of 25 mg.; 10 cc. Multiple-dose Vials, each cc. containing 25 mg.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

PRISCOLINE (brand of benzazoline)—Trade Mark 2/1442M



**The name "Priscol" has been changed to avoid confusion with another drug.*

TABLE OF CONTENTS

SEPTEMBER, 1949
Vol. 96, No. 3

ORIGINAL ARTICLES
Lessons Learned In The Effingham Hospital Fire, *W. J. Gillesby, M.D., F.A.C.S.*, Effingham 173
Acute Appendicitis With Perforation, *Charles J. Weigel, M.D., A.I.C.S.*, River Forest 175
Forty-Two Cases of Poliomyelitis In Centralia, 1949, *Herbert J. Levine, M.D.*, Centralia 178
The Battle For Survival, *Mr. Clem Whitaker*, Chicago 180
Studies On A New Pyrogen Fever Treatment, *Werner Lonsen, M.D.* and *Erich Liebert, M.D.*, Elgin 186
Antenatal Thrombosis, *Case Report, Manuel Weiss, M.D.* and *Samuel J. Turner, M.D.*, Chicago 191
Acute Hydramnios, *Case Report, Joseph B. Teton, M.D., F.A.C.S.*, Chicago 194
The Coexistence of Pernicious Anemia And Chronic Lymphatic Leukemia, *Case Report, Jack Mason, M.D.*, and *Steven O. Schwartz, M.D.*, Chicago 197

EDITORIALS
Mortality Rates In Illinois At An All-Time Low .. 153
The Hegelian Philosophy 154
Poliomyelitis In 1949 In Illinois 155
Use The Ammunition Furnished You 158
Book Reviews 64

MEDICAL ECONOMICS
Campaigns For Funds And The Doctor 159

STATE DEPARTMENT OF PUBLIC HEALTH
National Hospital Day, *Roland R. Cross, M.D.* 161

CORRESPONDENCE
Postgraduate Courses Offer Requested Subjects .. 165
Gonorrhea Smear No Longer Required By Marriage Law 165
October Clinics For Crippled Children 166
"Your Mental Hospitals" Types of Mental Illnesses 166
Woman's Auxiliary 168
Doctor's Dilemma 169
American Academy of Neurology 170
Gastroenterologists Meet In Boston 170
County Society Enlists Druggists' Aid 171

PATHOLOGY CONFERENCES
Presentation Of Three Cases, *J. P. Simonds, M.D.*, Chicago
Multiple Myeloma of Bones 199
Chronic Glomerulonephritis 202
Diabetes Mellitus 204

PHYSICAL MEDICINE ABSTRACTS 44
NEWS OF THE STATE 207

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: CEntral 6-2268 and 6-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate





This liquid penicillin tastes good!

Your young patients will take ESKACILLIN willingly because it is so deliciously flavored, so easy to swallow. Furthermore, parents much prefer ESKACILLIN to the chore of crushing penicillin tablets and coaxing a sick child to swallow an unappealing mixture.

One teaspoonful (5 cc.) of ESKACILLIN contains 50,000 units of crystalline penicillin G—and produces a blood level equivalent to that obtained with a 50,000 unit penicillin tablet. ESKACILLIN is supplied in 2 fl. oz. bottles, providing 600,000 units of penicillin.

Eskacillin *the unusually palatable liquid penicillin for oral use*

Smith, Kline & French Laboratories, Philadelphia

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS 1949-1950

President: Walter Stevenson, 510 Maine Street, Quincy
President Elect: Harry M. Hedge, 30 N. Michigan Ave., Chicago
1st Vice-President: M. M. Hoeltgen, 1607 West 51st Street, Chicago
2nd Vice President: H. A. Felts, Marion
Secretary-Treasurer: Harold M. Camp, Monmouth

THE COUNCIL

		Term Expires
1st District:	— L. J. Hughes, 165 E. Highland Ave., Elgin	1950
2nd District:	— Joseph T. O'Neill, 628 Columbus St., Ottawa	1950
3rd District:	— Oscar Hawkinson, 1011 Lake Street, Oak Park	1951
	F. Lee Stone, 30 N. Michigan Ave., Chicago	1950
	Arkell M. Vaughn, 30 N. Michigan Ave., Chicago	1951
	Wade C. Harker, 4458 W. Madison Street, Chicago	1950
	H. Prather Saunders, 40 E. Erie Street, Chicago	1952
	Walter C. Bornemeier, 7850 Caldwell Road, Chicago	1952
4th District:	— Charles P. Blair, Monmouth	1952
5th District:	— Ralph P. Peairs, Normal	1952
6th District:	— F. Garm Norbury, Norbury Sanatorium, Jacksonville	1951
7th District:	— Charles H. Hulick, Shelbyville	1952
8th District:	— Harlan English, 139 N. Vermilion St., Danville	1952
9th District:	— Charles O. Lane, West Frankfort	1951
10th District:	— G. C. Otrich, 7 North High Street, Belleville	1951
11th District:	— Edwin S. Hamilton, 258 East Court St., Kankakee	1950
COUNCILORS-AT-LARGE	— Robert S. Berghoff, 30 N. Michigan Ave., Chicago	1950
	Irving H. Neece, 250 N. Water Street, Decatur	1951
	Percy E. Hopkins, 800 West 78th Street, Chicago	1950

CHAIRMAN OF THE COUNCIL — Oscar Hawkinson, Oak Park

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth.....Editor
Theodore R. Van Dellen, Chicago.....Associate Editor
Mr. L. E. Malley, Chicago Managing Editor & Bus. Mgr.
Harry M. Hedge, Chicago.....Chairman, Journal Committee
Harry J. Stewart, Oak Park.....Secretary, Journal Committee
Business Office.....30 North Michigan Ave., Chicago 2
Editorial Office.....Monmouth, Illinois

GENERAL COUNSEL

Mr. John W. Neal.....33 South Clark St., Chicago 3, Ill.

MEDICAL SERVICE & PUBLIC RELATIONS

Percy E. Hopkins, Chairman.....800 W. 78th St., Chicago
Mr. John W. Neal, Exec. Sec., 30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun., 185 N. Wabash, Chicago

PERMANENT HISTORIAN

David J. Davis.....721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman.....1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman.....Alton
J. J. Moore. Secretary.....55 E. Washington St., Chicago
E. H. Weld.....Rockford
Ex-officio:
David J. Davis, Perm. Historian..721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman.....Monmouth
Ford K. Hick.....25 E. Washington St., Chicago
Ann Fox, Secretary.....30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman....30 N. Michigan Ave., Chicago
Louis Limarzi, Vice-Chm.....30 N. Michigan Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman....30 N. Michigan Ave., Chicago
George A. Hellmuth, Vice Chairman. 1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsiblity for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

State Society will pay no bills for legal services except those contracted by the committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.

PROGRESS REPORT ON NEW ANTIANEMIC AGENT

IN 1946, observers[2,3] noted that striking results could be expected from the treatment of hypochromic anemia with molybdenized ferrous sulfate (Mol-Iron).

Subsequently a two-year investigation[4] of Mol-Iron was initiated in anemia of pregnancy—a relatively resistant type of anemia.

The investigators, Chesley and Annitto, working at the Margaret Hague Maternity Hospital, reported:

> "... molybdenized ferrous sulfate produced a substantially more rapid therapeutic response than ferrous sulfate, the difference in response being statistically significant. Addition to ferrous sulfate of either liver-stomach extract or folic acid did not potentiate the action of the iron salt."

REFERENCES:

1. Dieckmann, W. J., and Priddle, H. D.: Anemia of Pregnancy Treated with Molybdenum-Iron Complex, American J. Obst. & Gynec. 57:541-546 (March) 1949.
2. Healy, J. C.: Hypochromic Anemia: Treatment with Molybdenum-Iron Complex, Journal-Lancet 66:218-221 (July) 1946.
3. Neary, E. R.: Use of Molybdenized Ferrous Sulfate in Treatment of True Iron Deficiency Anemia of Pregnancy, Am. J. M. Sc. *212*:76-82 (July) 1946.
4. Chesley, R. F., and Annitto, J. E.: Evaluation of Molybdenized Ferrous Sulfate in the Treatment of Hypochromic Anemia of Pregnancy, Bulletin of the Margaret Hague Maternity Hospital *1*:68-75 (Sept.) 1948.
5. Kelly, H. T.: Gastro-Intestinal Intolerance to Orally Administered Iron, Pennsylvania M. J. *51*:999 (June) 1948.

"Results with . . . molybdenum-iron complex . . . striking . . . increases in hemoglobin . . . dramatic . . . rapid . . ."[1]

Now Dieckmann and associates[1], following extensive controlled studies in pregnant patients, state:

> "We have never had other iron salts so efficacious in pregnant patients. . . Our results with the molybdenum-iron complex have been . . . striking . . . increases in hemoglobin were . . . dramatic and . . . rapid . . ."

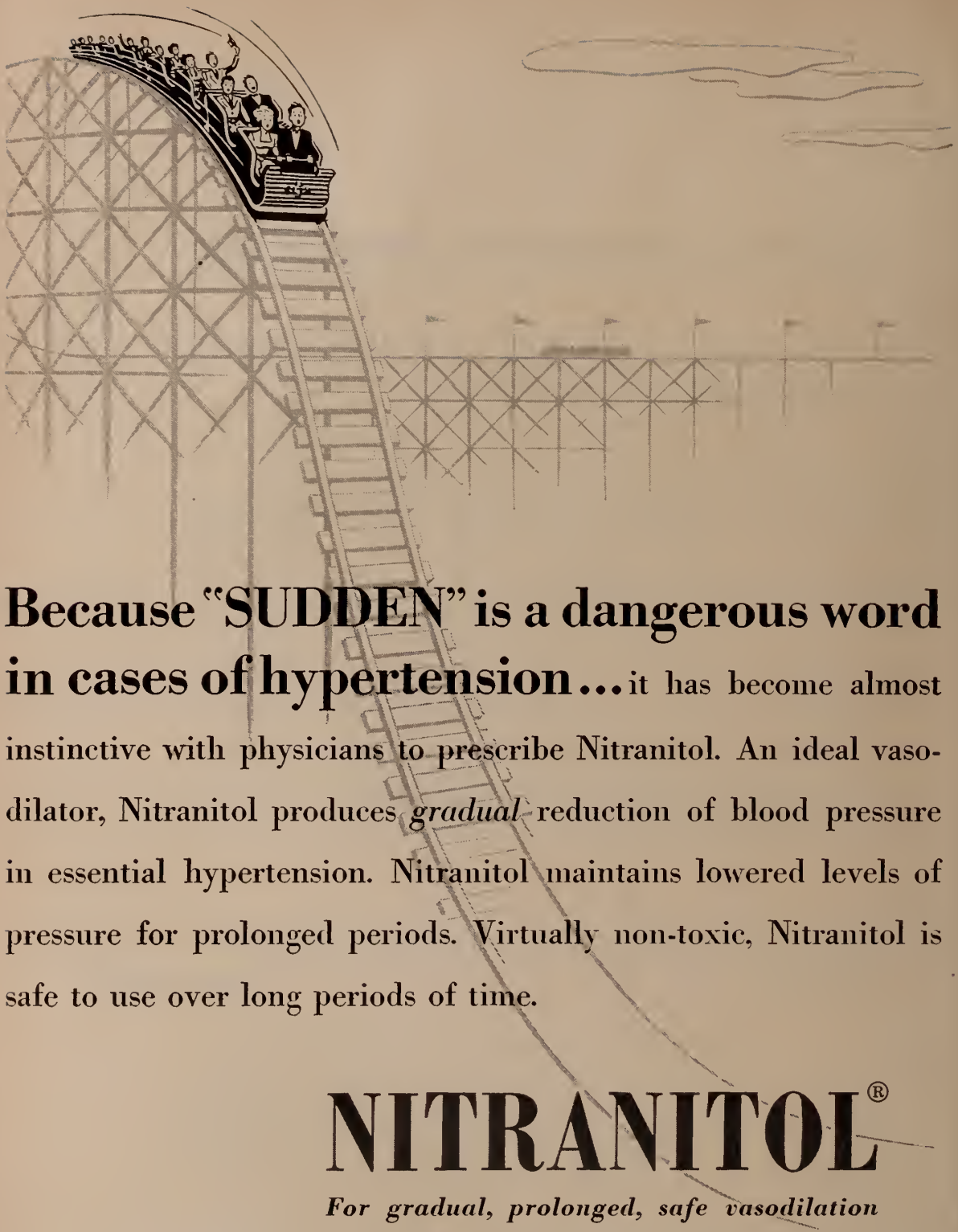
—And Mol-Iron is remarkably well tolerated. Typical of the findings of other investigators, Kelly[5] reports that 90% of his test patients who had previously been unable to tolerate other iron preparations were satisfactorily maintained on molybdenized ferrous sulfate.

White's **Mol-iron** Tablets, Liquid

MOLYBDENIZED FERROUS SULFATE

a specially processed, co-precipitated, stable complex of molybdenum oxide 3 mg. (1/20 gr.) and ferrous sulfate 195 mg. (3 gr). Recommended adult dosage: 2 Tablets, t.i.d. Available in bottles of 100 and 1000 Tablets and in a highly palatable Liquid, in bottles of 12 fluid ounces (each teaspoonful equivalent to one Tablet).

WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.



Because "SUDDEN" is a dangerous word in cases of hypertension... it has become almost instinctive with physicians to prescribe Nitranitol. An ideal vasodilator, Nitranitol produces *gradual* reduction of blood pressure in essential hypertension. Nitranitol maintains lowered levels of pressure for prolonged periods. Virtually non-toxic, Nitranitol is safe to use over long periods of time.

NITRANITOL®

For gradual, prolonged, safe vasodilation

Merrell
1828
CINCINNATI • U. S. A.

When sedation is desired. *Nitranitol with Phenobarbital.* (¼ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)

For extra protection against hazards of capillary fragility. *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)



Essential food factors

Several decades ago, vitamins, minerals, and other noncaloric but useful components of the diet were known as "accessory food factors." Today, it is recognized that these *accessory factors* are in fact *essential factors.*

Hypernutrition aids the recovery process and tends to hasten tissue repair. Vitamin A, vitamin D, thiamine (B_1), riboflavin (B_2), niacinamide, ascorbic acid (C) and folic acid have enjoyed wide usage for convalescent and reparative states.

Lederle has consistently advocated such use of the vitamins.

Lederle

LABORATORIES DIVISION

AMERICAN Cyanamid COMPANY

30 ROCKEFELLER PLAZA
NEW YORK 20, N.Y.

Bi-Pen

A DUAL *Penicillin* FOR HIGHER BLOOD LEVELS

With Bi-Pen, the advantages of rapidly absorbed soluble crystalline penicillin and slowly absorbed procaine penicillin are realized in a single preparation.

Containing 100,000 units of buffered crystalline potassium penicillin G and 300,000 units of crystalline procaine penicillin G per dose, Bi-Pen quickly produces high initial plasma levels. Thereafter, high therapeutic blood levels are maintained in virtually all patients at bed rest for at least a 24-hour period following intramuscular injection. Hence a single 1 cc. (400,000 units) dose daily is adequate for the treatment of most penicillin-responsive infections. In overwhelming infection, 800,000 units may be given daily. Injection is practically painless, and local nodulation rarely occurs.

In its dry state as supplied, Bi-Pen is stable for 18 months at room temperature. After being mixed with sterile water for injection, it may be kept in a refrigerator for seven days without significant loss of potency.

Supply

Bi-Pen is available through all pharmacies in the following package sizes: (1) a combination package containing a single dose (400,000 units) in a rubber-stoppered vial and a 1 cc. size ampul of sterile distilled water; (2) a package containing 5 single dose vials (water not supplied); (3) a multiple dose rubber-stoppered vial containing 2,000,000 units or 5 doses of 400,000 units each.

CRYSTALLINE PROCAINE PENICILLIN G AND BUFFERED CRYSTALLINE PENICILLIN G POTASSIUM

For Aqueous Injection

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION • 17 EAST 42ND STREET, NEW YORK 17, NEW YORK

delayed diagnosis

is enemy number one of

DIABETICS

A million or more diabetics are undetected and untreated.† But only about 55,000 new cases are being discovered each year in the course of insurance examinations and routine checkups. Early diagnosis and prompt treatment give the physician his best opportunity to ameliorate the disease and to avert or delay its complications.

An urgent problem

How shall the unknown diabetic be detected and directed to the doctor's office for diagnosis and proper treatment?

An important answer

AMES *Selftester**

a quick home screening test that brings those with glycosuria to you for diagnosis

The Ames Selftester for detection of sugar in urine is approved by the Council of the American Diabetes Association. It is a simple, reliable screening test to establish the presence or absence of urine-sugar and "refer" those with glycosuria to you for diagnosis.



The directions state:

1. **The Selftester does not diagnose diabetes or any other disease.** Its sole function is the detection of sugar (glucose) or sugar-like substances.
2. **If reaction is positive, see your doctor at once.** Sugar in your urine does not necessarily mean you have diabetes (nor does a negative result definitely exclude the presence of disease). But only your doctor, by medical examination and by additional laboratory tests, can tell you why you show sugar.

† Wilkerson, H. L. C. and Krall, L. P.: Diabetes in a New England Town, Journal of the American Medical Association, 135:209 (Sept. 27) 1947.

* Ames *Selftester* —TRADE MARK

AMES COMPANY, INC • ELKHART, INDIANA

description

Prothricin is a clear, pleasantly flavored isotonic solution of antibiotic **tyrothricin,** 0.02% and **Propadrine®** HCl, 1.5% (vasoconstrictor).

prothricin

Antibiotic Nasal Decongestant

SHARP & DOHME

indications

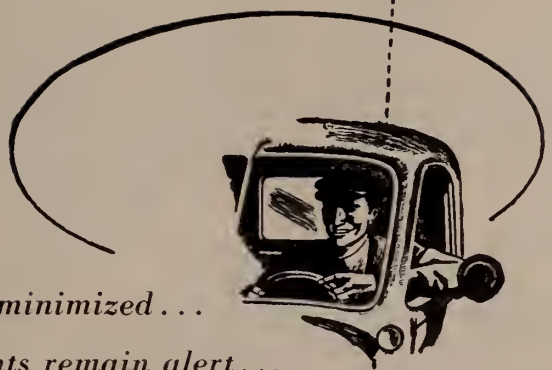
Rhinitis and nasal congestion due to infection or allergy.

action

Prothricin promptly relieves intranasal congestion, combats local infections.

Supplied in dropper-assembly bottles containing 1 fluidounce.

Sharp & Dohme, Philadelphia 1, Pa.



drowsiness *minimized . . .*

allergic patients remain alert . . .

Clinical reports describing the use of Thephorin in 2564 patients with hay fever and other allergies indicate an incidence of drowsiness of only 2.92%. In contrast with other antihistamines, Thephorin can therefore be given to motorists and other patients who have to remain alert. Highly effective and well tolerated in most cases, Thephorin is available in 25-mg tablets and as a palatable syrup which permits convenient adjustment of dosage.

HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Thephorin®

brand of phenindamine

'Roche'

Hay Fever . . .



Neo-Synephrine®

HYDROCHLORIDE

BRAND OF PHENYLEPHRINE HYDROCHLORIDE

Prompt and Prolonged Hay Fever Relief

Neo-Synephrine acts quickly to relieve the distress of hay fever, shrinks the engorged mucous membranes, checks hypersecretion, permits free breathing and promotes comfort.

It is notable for its

- **excellent tolerance**
- **relative freedom from compensatory congestion**
- **lack of appreciable interference with ciliary action**

Its effectiveness is undiminished by repeated use—insuring topical relief throughout the hay fever season.

Nasal Use: ¼% solution (plain and aromatic), 1 oz. bottles; 1% solution, 1 oz. bottles; ½% water soluble jelly, ⅝ oz. tubes.

Ophthalmic Use: ⅛% low surface tension, aqueous solution, isotonic with tears, ½ oz. bottles.

Winthrop-Stearns INC.

NEW YORK 13, N. Y. WINDSOR, ONT.

Neo-Synephrine, trademark reg. U. S. & Canada

support for the carbohydrate cornerstone

TAKA-COMBEX®

KAPSEALS®







Whenever caloric needs are heightened

—by illness, during convalescence, in pregnancy and lactation—carbohydrates form a cornerstone of diet. In order to bring about absorption and utilization of carbohydrates, enzyme and vitamin systems must function at maximum efficiency. Serving in the dual role of starch digestant and vitamin concentrate, KAPSEALS TAKA-COMBEX bring to nutritive treatment greater assurance that carbohydrates will be adequately digested and metabolized.

TAKA-COMBEX provides in each KAPSEAL:

Taka-Diastase®	2½ gr.
Vitamin B_1	10 mg.
Vitamin B_2	10 mg.
Vitamin B_6	0.5 mg.
Pantothenic acid (as the sodium salt)	3 mg.
Nicotinamide	10 mg.
Vitamin C	30 mg.

plus other components of the vitamin B complex derived from liver.

Available in bottles of 100 and 1000.

PARKE, DAVIS & COMPANY · DETROIT 32, MICHIGAN

MEDICAMENTA VERA · P & CO.

30-DAY TEST REVEALED

"Not one single case of throat irritation due to smoking CAMELS!"



Yes, that's what throat specialists reported after making weekly examinations of the throats of hundreds of men and women from coast to coast who smoked Camels, and only Camels, for 30 consecutive days.



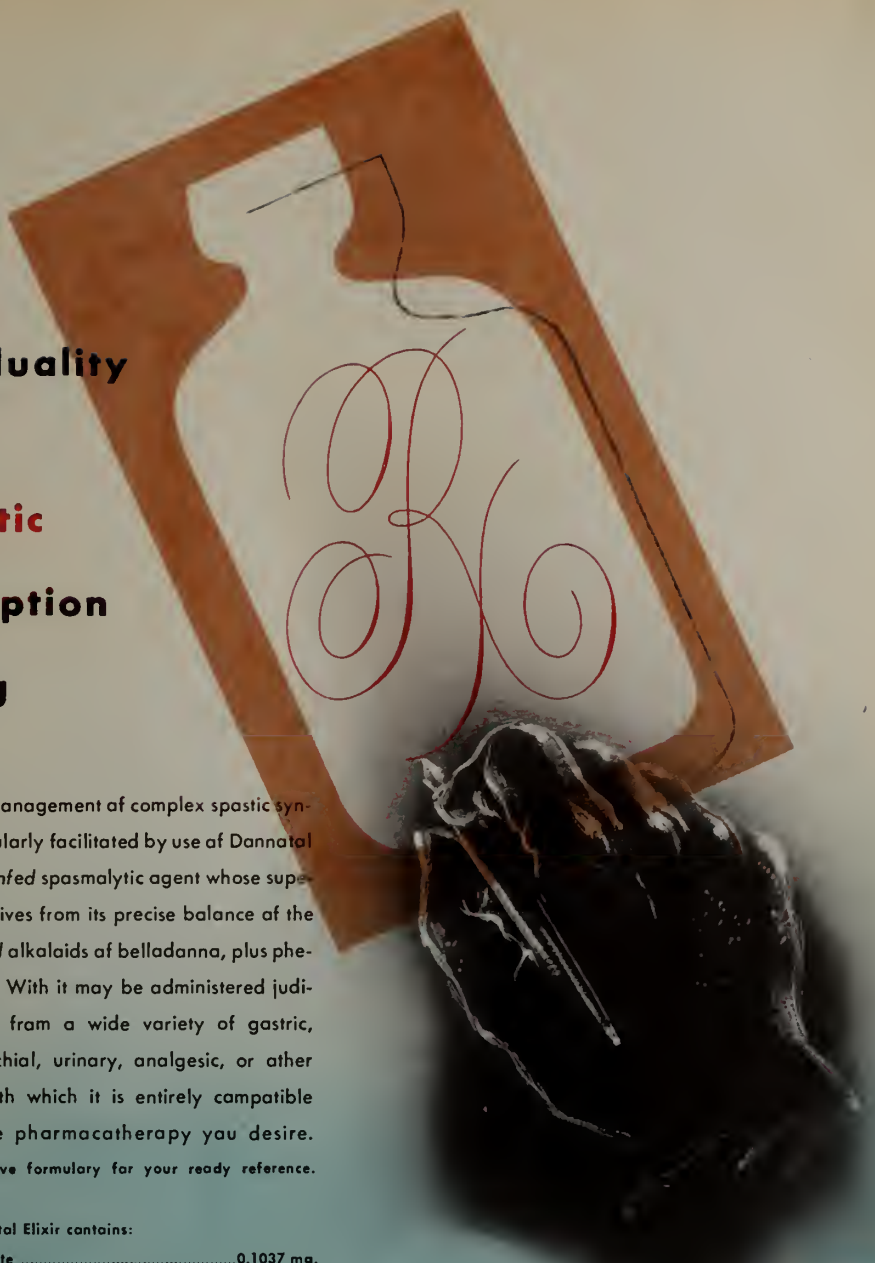
R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

According to a Nationwide survey:

More Doctors Smoke CAMELS

than any other cigarette

Doctors smoke for pleasure, too! When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!



individuality

in

spasmolytic

prescription

writing

Individualized management of complex spastic syndromes is particularly facilitated by use of Donnatal Elixir—the *spoonfed* spasmolytic agent whose superior efficacy derives from its precise balance of the principal *natural* alkaloids of belladonna, plus phenabarbital • With it may be administered judicious selections from a wide variety of gastric, intestinal, branchial, urinary, analgesic, or other drug agents with which it is entirely compatible ... for the precise pharmacotherapy you desire.

Write for suggestive formulary for your ready reference.

Each 5cc of Donnatal Elixir contains:

Hyoscyamine Sulfate	0.1037 mg.
Atropine Sulfate	0.0194 mg.
Hyoscine Hydrobromide	0.0065 mg.
Phenobarbitol (¼ gr.)	16.2 mg.

Also available as Donnatal Tablets and Donnatal Capsules

for spasmolysis plus

donnatal® elixir

Robins

Also available as Donnatal Tablets and Donnatal Capsules

A. H. Robins Co., inc.

Ethical Pharmaceuticals of Merit since 1878

Richmond 20, Va.



pain!...

the synergic formula for maximum non-narcotic analgesia

To obtund pain without recourse to narcotics—yet better than the patient's medicine cabinet can—becomes a daily professional obligation. That's why Phenaphen was formulated with calculated pharmacologic precision . . . the analgesic action of its aspirin — phenacetin components being implemented and prolonged by its phenobarbital content (which helps allay apprehension . . . its hyoscyamine further increasing overall efficiency through local anodyne action. Phenaphen —the astute professional prescription for pain — is promoted to physicians only.

Each tablet or capsule contains:

Phenacetin (3 gr.)	**194 mg.**
Acetylsalicylic Acid (2½ gr.)	**162 mg.**
Hyoscyamine Sulfate	**0.03 mg.**
Phenobarbital (¼ gr.)	**16.2 mg.**

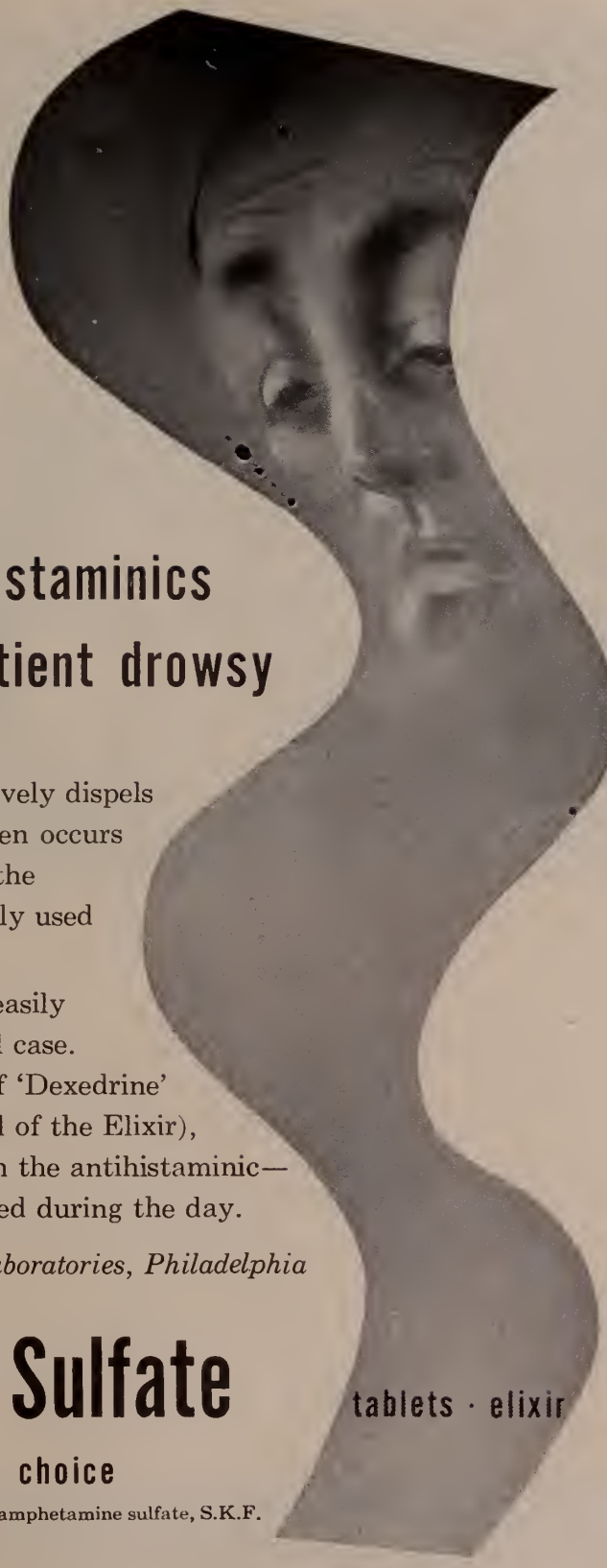
● *phenaphen*

Robins

A. H. Robins Co., inc.

ETHICAL PHARMACEUTICALS OF MERIT SINCE 1878

Richmond 20, Va.



when the antihistaminics make the patient drowsy

'Dexedrine' Sulfate effectively dispels the drowsiness that so often occurs as a reaction to many of the antihistaminic drugs widely used against allergy.

Dosage of 'Dexedrine' is easily adjusted to the individual case. The usual dose is 5 mg. of 'Dexedrine' (1 tablet, or 1 teaspoonful of the Elixir), taken simultaneously with the antihistaminic—additional doses as required during the day.

Smith, Kline & French Laboratories, Philadelphia

Dexedrine* Sulfate

tablets · elixir

the anti-depressant of choice

*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.



Natural vitamins A and D . . . daily, for about a penny: In "drop-dosage" for infants or pleasantly-flavored Tablets for the older child. Vitamin D wholly derived from cod liver oil, vitamin A adjusted and standardized with fish liver oils. White Laboratories, Inc.

White's Cod Liver Oil Concentrate · LIQUID · TABLETS

male hormone therapy is synonymous with



ORETON

at hand in every useful form

the wide choice of preparations —

ORETON*
Ampuls and Vials for injection (Testosterone Propionate U.S.P. XIII)

ORETON-M*
Tablets and Ointment (Methyltestosterone U.S.P. XIII)

ORETON-F*
Pellets for implantation (Testosterone)

and now

ORETON Buccal Tablets —
readily meet the requirements of the simplest or most difficult problem.

The newest addition to the ORETON family of potent male hormone preparation, ORETON Buccal Tablets, now makes it possible to administer by mouth, testosterone propionate, the most efficient and widely used parenteral androgen.

The success of ORETON Buccal Tablets is due to the specially developed solid-solvent base, POLYHYDROL,† which enables the hormone to be absorbed *perorally* (via the buccal mucosa) with a high order of efficiency.

*® †POLYHYDROL trade-mark of Schering Corporation

Schering CORPORATION · BLOOMFIELD, NEW JERSEY

ORETON

SCHERING

IT'S THE NEW IMPROVED BIOLAC!

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

"Baby Talk for a Good Square Meal"



The introduction of the New Improved Biolac has met with wide professional interest. Made available as a product of the latest and the most modern refinements in manufacturing facilities, this prescription favorite is *now better than ever.*

NUTRITIONALLY RELIABLE: More thon ever complete in known nutrients (when vitomin C is odded), the New Improved Bioloc meets every known nutritionol requirement of the infant.

All essentiol fatty acids — with the volatile froction held to a minimum — are provided by moderote omounts of especiolly combined fots.

Vegetable and milk sugors — for more satisfactory obsorption — are supplied by Bioloc's carbohydrate content. Further corbohydrote supplementotion is unnecessary.

In protein content, the New Improved Biolac is significantly higher than thot of human milk, yielding smoll, easily digested curds, less allergenic than those of untreated cow's milk.

Prophylactically high levels of such important mineral factors as iron, calcium and phosphorus are incorporated in the New Improved Bioloc, together with vitamins A, B_1, B_2, ond D. Infant caloric requirements, too, are fully met by Biolac's 20 calories per fluid ounce in standard dilution.

PHYSICALLY IMPROVED: A higher and more stoble degree of emulsificotion of the New Improved Biolac — thereby facilitating digestion — has been brought about by the utilizotion of every refinement, and the most modern equipment, known to modern infant food manufacturing.

Preparation for feeding is easily calculoted; quickly completed — 1 fl. oz. New Improved Biolac to 1½ fl. oz. water per pound of body weight.

NOW, BETTER THAN EVER! The New Improved Biolac can be used interchongeably with the former Biolac which has the same percentage composition of nutritional factors . . . When you prescribe the New Improved Biolac (it costs no more) you may do so with complete confidence. Avoilable only in drugstores, in cans of 13 fl. oz.

THE BORDEN COMPANY
PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE • NEW YORK 17, N. Y.

Write for professional literature

THE NEW IMPROVED BIOLAC

HERAPEUTICALLY DESIGNED . . .

A new choleretic-digestant without laxatives or cathartics for the relief of post-prandial fullness, food intolerance, epigastric pain, faulty intestinal elimination and other distressing symptoms of the non-surgical "biliary dysfunction syndrome."

BILOGEN
'ORGANON'



EACH BILOGEN TABLET CONTAINS:
Ox bile extract 2 grs.
Oxidized mixed bile acids 1¼ grs.
(= approx. 1¼ grs. dehydrocholic acid)
Desoxycholic acid ½ gr.
Pancreatin (high digestive power) equivalent to Pancreatin U.S.P. 3¾ grs.

The therapeutic efficacy of BILOGEN 'Organon' is due to the judicious, therapeutically-designed combination of its several ingredients: Ox bile extract to stimulate bile secretion, oxidized mixed bile acids to flush biliary ducts, desoxycholic acid to promote fat absorption, and pancreatin to supply digestive ferments. The balanced combination of ingredients in BILOGEN tablets is not only therapeutically designed but also skillfully compounded. The pharmaceutical art exercised in preparing BILOGEN tablets assures optimal activity of each component. BILOGEN is available for the physician's prescription in bottles of 100 and 1000 tablets.

T.M.—Bilogen

ORGANON INC. • ORANGE, NEW JERSEY



Protective covering . . .

Gelusil Antacid Adsorbent*, an especially prepared, nonreactive aluminum hydroxide gel, protects the inflamed or ulcerated areas of the gastric mucosa against injury by the acid gastric juice. Unlike most aluminum hydroxide preparations, *Gelusil* Antacid Adsorbent* is nonconstipating.[1]



Gelusil* 'Warner'

Antacid Adsorbent

Gelusil Antacid Adsorbent*

provides rapid and sustained relief of gastric hyperacidity and is particularly effective as an adjuvant in the medical management of gastric or duodenal ulcer.

is available as a pleasant-tasting liquid or tablet.

Liquid—6 and 12 fluidounces.

Tablets, individually wrapped in cellophane—boxes of 50 and 100 tablets. Also bottles of 1000.

[1]Rossien, A. X., and Victor, A. W.: The Influence of An Antacid on Evacuation of the Bowels and the Fecal Column, *Am. J. Dig. Dis.*, *14*:226, July, 1947.

William R. Warner & Co., Inc.

New York St. Louis

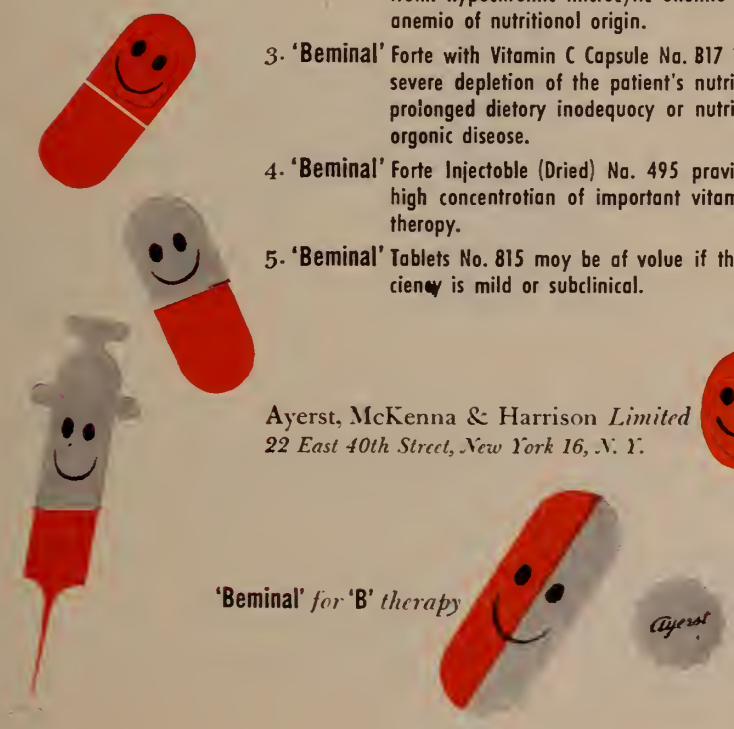
*T. M. Reg. U. S. Pat. Off.

'Beminal'®

For versatile "B" therapy

The **'Beminal'** family provides a choice of five distinctive forms and potencies for the effective treatment of vitamin **'B'** deficiencies. Each is designed to fill a particular need.

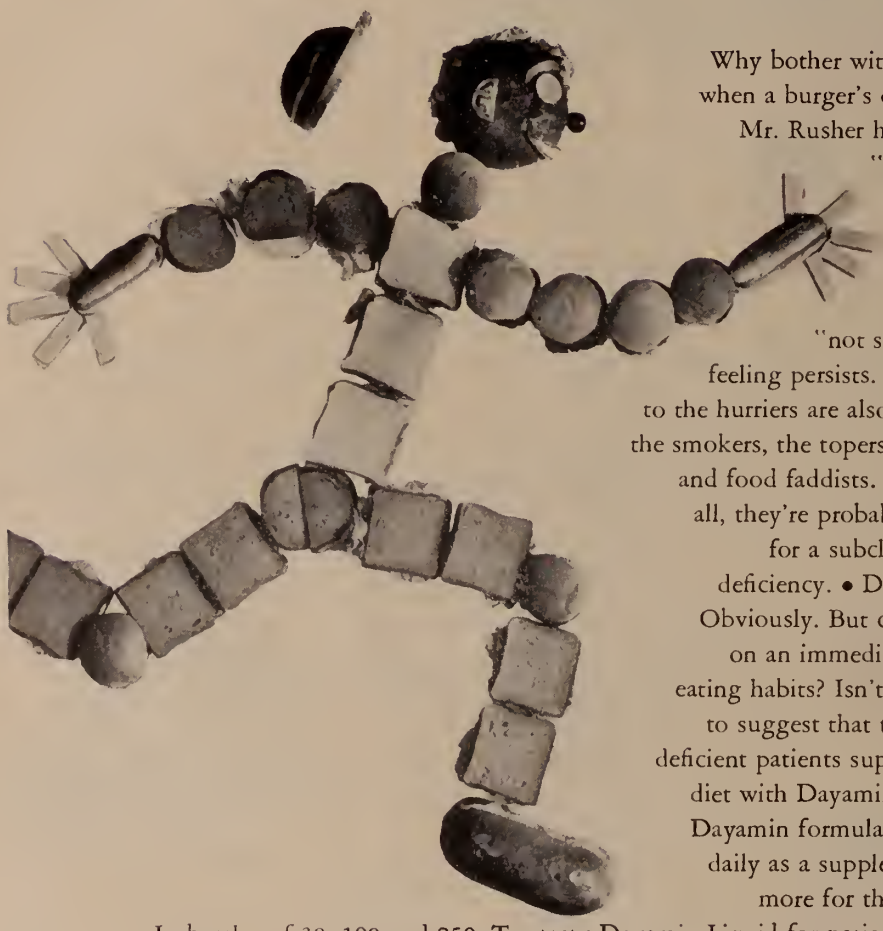
1. **'Beminal'** fortified with Iron, Liver and Folic Acid Capsule No. 821 is suggested for the treatment of iron deficiency anemias, certain macrocytic anemias and as adjunctive therapy in pernicious anemia.
2. **'Beminal'** with Iron and Liver Capsule No. 816 is recommended for the treatment of the various types of iron deficiency, occurring either as frank hypochromic microcytic anemia or as the less pronounced anemia of nutritional origin.
3. **'Beminal'** Forte with Vitamin C Capsule No. 817 is suggested when there is severe depletion of the patient's nutritional stores due to either prolonged dietary inadequacy or nutritive failure as a result of organic disease.
4. **'Beminal'** Forte Injectable (Dried) No. 495 provides, when reconstituted, a high concentration of important vitamin B factors for intensive therapy.
5. **'Beminal'** Tablets No. 815 may be of value if the vitamin B complex deficiency is mild or subclinical.



Ayerst, McKenna & Harrison *Limited*
22 East 40th Street, New York 16, N. Y.

'Beminal' *for* **'B'** *therapy*

MR. RUSHER is a Sandwich-Lusher



Why bother with a blue-plate when a burger's quicker? Busy Mr. Rusher hasn't time for "unessentials." But he wonders at times why that "not sick, not well" feeling persists. • Companion to the hurriers are also the worriers, the smokers, the topers, the reducers and food faddists. Familiar faces all, they're probable candidates for a subclinical vitamin deficiency. • Dietary reform? Obviously. But can you count on an immediate reversal of eating habits? Isn't it sound also to suggest that these vitamin-deficient patients supplement their diet with Dayamin? • Note the Dayamin formula. One capsule daily as a supplement; two or more for therapeutic use.

In bottles of 30, 100 and 250. Try tasty Dayamin Liquid for patients who don't like capsules or pills. In 90-cc., 8-fluidounce and 1-pint bottles.

ABBOTT LABORATORIES, NORTH CHICAGO, ILL.

PRESCRIBE

Dayamin®

(Abbott's Multiple Vitamins)

Each Dayamin Capsule contains:

Vitamin A	10,000 U.S.P. units
Vitamin D	1000 U.S.P. units
Thiamine Hydrochloride	5 mg.
Riboflavin	5 mg.
Nicotinamide	25 mg.
Pyridoxine Hydrochloride	1.5 mg.
Pantothenic Acid (as Calcium Pantothenate)	5 mg.
Ascorbic Acid	100 mg.



Your local pharmacy stocks Neo-Antergan Maleate in 25 mg. and 50 mg. tablets, supplied in packages of 100 and 1,000.

IN HAY FEVER

HIGH Antihistaminic Potency

HIGH Index of Safety

High antihistaminic potency, combined with a high index of safety and a relatively low incidence of side effects, recommend Neo-Antergan* for prompt, safe, symptomatic relief in hay fever and other allergic manifestations.

In a recent clinical study[1] in which several leading antihistaminic compounds were employed, Neo-Antergan was found to have little or no sedative effect in the majority of patients, and became *the favorite medication of ambulatory patients who were treated with more than one antihistaminic agent.*

*Neo-Antergan is the registered trade-mark of Merck & Co., Inc. for its brand of pyranisamine.

1. Brewster, J. M., U. S. Naval Med. Bull. 49: 1-11, January-February 1949.

Neo-Antergan®

MALEATE

(Brand of Pyranisamine Maleate)

(N-p-methoxybenzyl-N',N'-dimethyl-N-α-pyridylethylenediamine maleate)

COUNCIL ACCEPTED

MERCK

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

E. R. SQUIBB & SONS 745 FIFTH AVENUE, NEW YORK 22, NEW YORK

Dear Doctor:

Some so-called "therapeutic" mixed vitamin formulas contain only maintenance dosages. Some include vitamins for which there is no established need in man.

When we named THERAPEUTIC FORMULA Vitamin Capsules SQUIBB four years ago, we wished to emphasize that they represented a new concept in mixed vitamin therapy--the introduction of truly therapeutic dosages of the individual vitamins essential in human nutrition.

Our first aim has been accomplished. The demand of the medical profession for such a preparation is ever-increasing. But since "Therapeutic Formula" is a free, untrademarked name, many so-called "therapeutic" mixed vitamin capsules have appeared on the market.

A careful check in prescription stores throughout the country reveals that only about half the prescriptions written for "Therapeutic Formula" specify any brand. The typical prescription calls for "Capsules Therapeutic Formula".

If the manufacturer's name is omitted from the prescription, the pharmacist is at liberty to fill it with any capsule he has on hand. Yet the mixed vitamin products sold as "Therapeutic Formula" vary widely (1) in the number of vitamins they contain and (2) in their potency. Therapeutic Formula Squibb, however, is the clinically proved, balanced formula as recommended by Jolliffe (J.A.M.A. 129:613, 1945).*

From now on, THERAPEUTIC FORMULA SQUIBB will carry the additional designation--THERAGRAN. When you specify this trademarked name--THERAGRAN--your patients are assured of truly therapeutic dosages of the individual vitamins essential in human nutrition.

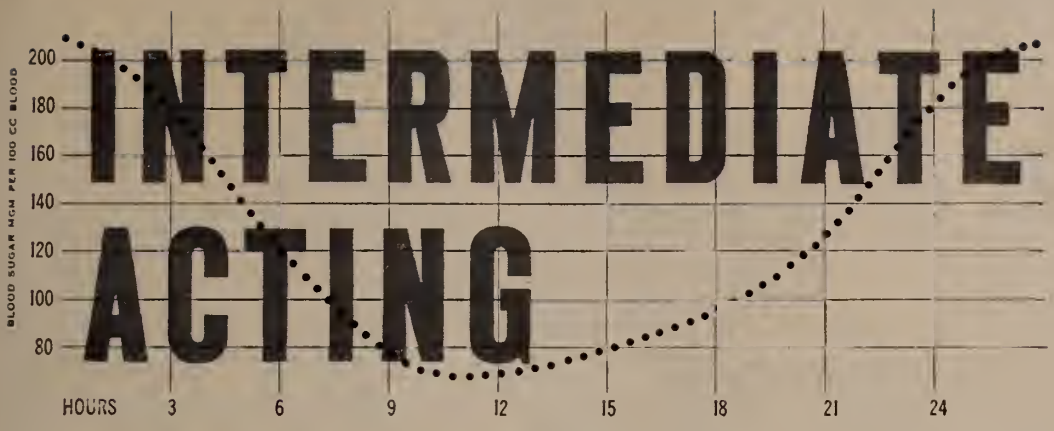
THERAGRAN is now available through all retail pharmacies--your prescriptions can be filled promptly. When you wish to prescribe the Squibb Therapeutic Formula, please specify as Caps. Theragran.

Very sincerely,
E. R. SQUIBB & SONS

P. S. For identification, the new THERAGRAN Capsule has two black bands around the middle. Bottles of 30 and 100.



*THIAMINE CONTENT RAISED TO 10 MG.



INTERMEDIATE ACTING

GLOBIN INSULIN

'B.W.& CO.'

...was developed to fill the "need for an insulin with activity intermediate between that of regular insulin and that of protamine zinc insulin."[1]

IN 1939, Reiner, Searle and Lang described a new "intermediate acting" insulin.

IN 1943, after successful clinical testing, the new substance was released to the profession as 'Wellcome' brand Globin Insulin with Zinc 'B. W. & Co.'

TODAY, according to Rohr and Colwell, "Fully 80% of all severe diabetics can be balanced satisfactorily"[2] with Globin Insulin 'B.W. & Co.'—or with a 2:1 mixture of regular insulin: protamine zinc insulin. *Ready-to-use* Globin Insulin 'B.W. & Co.' provides the desired intermediate action without preliminary mixing in vial or syringe.

In 10 cc. vials, U-40 and U-80



'B.W.& CO.'—a mark to remember

1. Rohr, J.H., and Colwell, A.P.: Arch. Int. Med. 82:54, 1948.
2. ibid Proc. Am. Diabetes Assn. 8:37, 1948.

BURROUGHS WELLCOME & CO. (U.S.A.) INC. Tuckahoe 7, New York



When there is a strain on nutrition . . .

The demands of pregnancy often lead to impairment of the liver and B-vitamin depletion; it often happens that neither condition will be improved unless they are treated simultaneously.

Methionine is being used widely for protection against impaired liver function. "In the treatment of toxemia and hemolytic disease of the newborn, it is a valuable adjunct to other proved types of therapy. The hepatorenal syndrome can best be treated with the combined use of plasma, whole blood, and methionine."*

The administration of therapeutic amounts of essential B-vitamins has been established as a necessary factor when there is a strain on nutrition.

Meovite Gives Your Patient This Protection

A new Wyeth product, Meovite, in the form of easy-to-swallow capsules combines the virtues of essential B-vitamins with dl-methionine, one of the amino acids requisite to normal liver function. Four capsules of Meovite daily is the usual dose recommended for pregnant patients; the dosage may be adjusted for special conditions or treatment.

Each Meovite capsule contains 250 mg. dl-methionine, 5 mg. thiamine hydrochloride, 2.5 mg. riboflavin, 25 mg. niacinamide.

Wyeth

MEOVITE

TRADEMARK

Methionine and B-Complex Vitamins

* Philpott, N. W., Hendelman, M., and Primrose, T. Methionine in Obstetrics, *Am. Jr. Obst. & Gynec.* 57 125-142 Jan. 1949

Announcing the new S.K.F. Inhaler!

BENZEDREX INHALER

So much better that

we have discontinued 'Benzedrine' Inhaler

'BENZEDREX' INHALER is such a major improvement that we are actually withdrawing 'Benzedrine' Inhaler from the market.

The active ingredient of BENZEDREX INHALER is 1-cyclohexyl-2-methylaminopropane, a new S.K.F. compound. It has exactly the same agreeable odor as Benzedrine*, gives even more effective and prolonged shrinkage, and does NOT produce excitation or wakefulness.

We are sure you will find that BENZEDREX INHALER is the best volatile vasoconstrictor you have ever used.

Smith, Kline & French Laboratories, Philadelphia



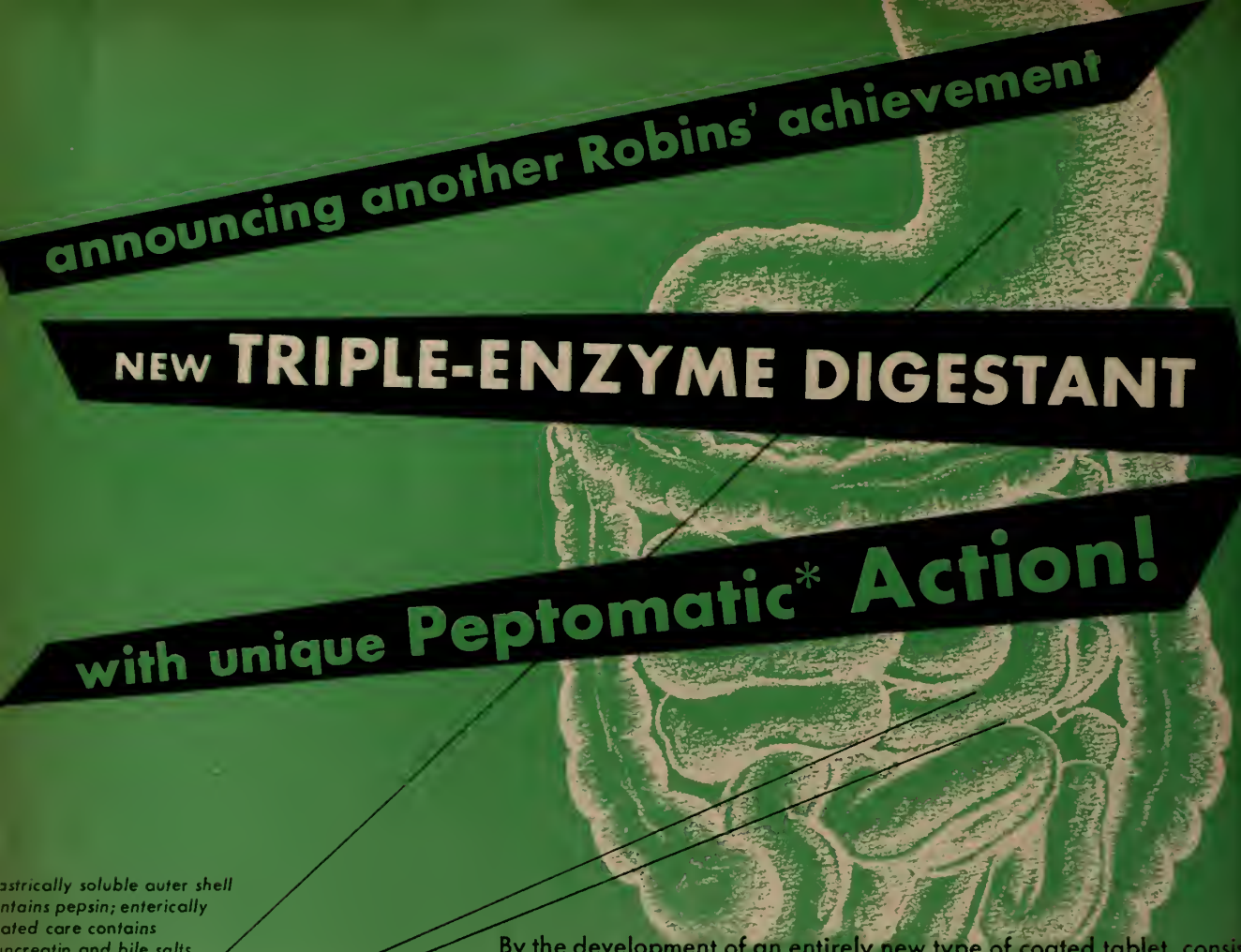
*'Benzedrine' (racemic amphetamine, S.K.F.) and 'Benzedrex' T.M. Reg. U.S. Pat. Off.

Each BENZEDREX INHALER is packed with 1-cyclohexyl-2-methylaminopropane, S.K.F., 250 mg.; and aromatics.

announcing another Robins' achievement

NEW TRIPLE-ENZYME DIGESTANT

with unique Peptomatic* Action!



astrically soluble outer shell
ntains pepsin; enterically
ated core contains
ncreatin and bile salts.



By the development of an entirely new type of coated tablet, consisti
of a gastrically soluble outer shell containing pepsin, and a
enterically coated core containing pancreatin and bile salts—Robins (with thei
new product Entozyme) now makes it possible to release these thre
important digestants *in fully active form* to that part of th
gastrointestinal tract where pH conditions for optimum activity prevai
Clinical research[1] indicates that Entozyme's greatest field of usefulness is in chroni
cholecystitis, post-cholecystectomy syndrome, subtotal gastrectomy, infectiou
hepatitis, pancreatitis and chronic dyspepsia—where its unique selective therapy restore
more nearly physiological conditions in the gastrointestinal tract. It is also highl
effective in nausea, anorexia, belching, flatulence and pyrosis. In peptic ulce
patients, too, pancreatin-pepsin therapy has produced excellent results



FORMULA Each specially constructed tablet contains Pancreatin, U.S.P., 300 m
Pepsin, N.F., 250 mg.; Bile Salts, 150 mg.

DOSAGE 1 or 2 tablets after each meal, or as directed by physician,
without crushing or chewing.

SUPPLIED Bottles of 25 and 100.

REFERENCES 1. McGavack, T. H. and Klatz, S. D.: Bull. Flower Fifth Ave. Hosp., 9:61, 19.
2. Weissberg, J., McGavack, T. H. and Boyd, Linn J.: Am. J. Digest. Dis., 15:332, 19.

*A coined word to describe the unique mechanical action of Entozyme Tablet—whereby pepsi
released only in the stomach, and pancreatin and bile salts only in the small intesti*

A. H. ROBINS COMPANY, INC. • RICHMOND 20, VIRGIN
Ethical Pharmaceuticals of Merit since 18

ENTOZYME

Robins



Swifter Healing in Open Lesions

A varicose or diabetic leg ulcer, bedsore, or a traumatic condition such as an avulsion or laceration, will benefit by the tissue-stimulating action of White's Vitamin A & D Ointment.

Speeds healing after circumcision, pilonidal cyst excision, hemorrhoidectomy, etc.

As in burns, White's Vitamin A & D Ointment aids in relieving pain, hastens the growth of epithelial tissue, minimizing contracture.

Supplied in 1.5 oz. tubes; 8 oz. and 16 oz. jars and 5 lb. containers.

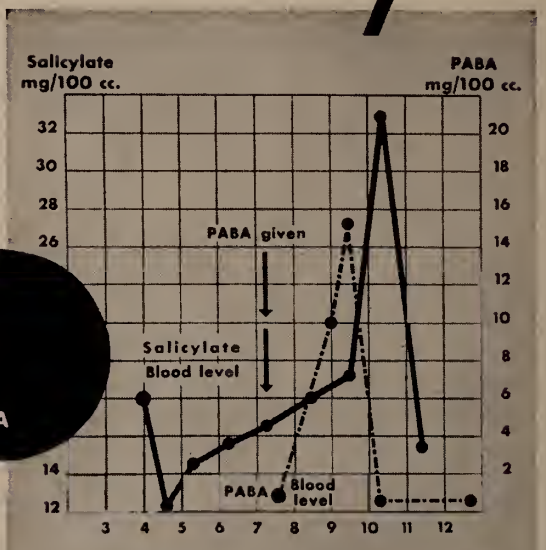
White's

Vitamin A & D Ointment

promotes healthy granulation
accelerates liquefaction of dead tissue
softens the eschar
protects the surface
aids in relieving pain

The Chart Tells the Story...

SALICYLATE BLOOD LEVELS POTENTIATED WITH P-AMINOBENZOIC ACID



Dramatic Potentiating Effect of PABA on Salicylate Blood Levels

NEOCYLATE

TRADEMARK

BRAND OF SALICYLATE WITH PABA

THE ORIGINAL

A convenient, well-tolerated, oral combination of sodium salicylate with PABA that provides sustained effective salicylate blood levels on a moderate salicylate dosage.

IN RHEUMATIC FEVER THERAPY . . .

Clinical studies show that the action of salicylate is enhanced by concurrent administration of PABA.[1,2,3] It has been suggested, further, that PABA itself is effective against fever and joint pains.[4] The anti-hyaluronidase action of salicylates inhibits spread of the disease process.

NEOCYLATE* has proved valuable in controlling symptoms during the acute stage, in preventing extension of infection, and in reducing the likelihood of relapse. NEOCYLATE is advantageously employed in arthritides, algias, and other conditions for which salicylates are indicated.

TWO DOSAGE FORMS AVAILABLE

***Syrup* NEOCYLATE** — Each teaspoonful (4 cc.) contains: sodium salicylate, 5 gr. (0.32 Gm.), and p-aminobenzoic acid (sodium salt), 5 gr. (0.32 Gm.) in nonalcoholic vehicle . . . especially valuable in pediatric practice.

SUPPLIED: Bottles containing 1 pt. and 1 gal.

***Entabs* NEOCYLATE** — Each *Entab* contains 3.85 gr. (0.25 Gm.) each of sodium salicylate and p-aminobenzoic acid.

SUPPLIED: Bottles of 200, 500, and 1,000 orange-colored, capsule-shaped tablets, protected by a special enteric coating.

1. Dry, T. J.; Butt, H. R., and Scheifley, C. H.: Proc. Staff Meet., Mayo Clin. 21: 497 (1946). **2.** Bélisle, M.: Union méd. du Canada 77: 392 (1948). **3.** Salassa, R. M.; Ballman, J. L., and Dry, T. J.: J. Lab. & Clin. Med. 33: 1393 (1948). **4.** Rasenblum, H., and Fraser, L. E.: Proc. Soc. Exper. Biol. & Med. 65: 178 (1947).

*Trademark of The Central Pharmacal Co.

THE CENTRAL PHARMACAL COMPANY

Pharmaceutical Progress Since 1904

SEYMOUR INDIANA



The most "persuasive" oral germicide you can prescribe

1. Cēpacol persuades a wide range of oral bacteria to surrender within 15 seconds after contact[1]

2. Cēpacol's pleasant taste persuades your patients to use it

The rapid antisepsis[2] and soothing relief which Cēpacol brings to inflamed, sore throats are important. Along with the fact that Cēpacol is non-irritating, non-toxic, and does not interfere with tissue healing. Too, patients are extremely grateful to you for prescribing something so effective that also is so *pleasant* to use—as either gargle or spray.

CĒPACOL®

The alkaline germicidal solution that works in partnership with saliva

Merrell
1828
CINCINNATI • U. S. A.

NOW AVAILABLE—Cēpacol Throat Lozenges! These convenient, pleasant-tasting lozenges, dissolved slowly in the mouth, provide a soothing, analgesic solution to relieve the dryness and irritation of sore throat.

1. As shown in laboratory studies. 2. Cēpacol contains an effective germicidal detergent, the quaternary ammonium salt Ceepryn® Chloride, 1:4000.


WATER—
DISPERSIBLE A&D
PALATABLE
VIFORT
EFFECTIVE FOR YOUNG AND OLD
8 VITAMINS IN ONE PRODUCT
Each 0.6 cc. contains:
Vitamin A 5,000 U.S.P. Units
Vitamin D 1,200 U.S.P. Units
Thiamine Hydrochloride 1.8 mg.
Riboflavin 0.4 mg.
Pyridoxine Hydrochloride 0.3 mg.
Ascorbic Acid 60 mg.
Niacinamide 3 mg.
Pantothenic Acid 1.2 mg.
Supplied in 15 and 30 cc. Dropper Bottles.
Samples sent on request.
VIFORT®
polyvitamin drops
Endo
ENDO PRODUCTS INC. · RICHMOND HILL 18, NEW YORK





Penicillin Products for Every Indication

Whether you prescribe a troche, tablet, suppository, ampoule, ointment, or ophthalmic ointment, a dependable Lilly penicillin product is available. Various sizes and strengths are offered for every indication. The Lilly penicillin product of your selection may be easily obtained from your retail or hospital pharmacist. Depend upon him to serve you.



Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.



A 15" x 12" reproduction of this illustration by Andrew Loomis is available upon request



DIAGNOSIS: PNEUMONIA





The word "pneumonia" once had a dreadful ring. Small wonder, for a little more than a decade ago pneumonia ranked third as a leading cause of death. In rapid succession appeared type-specific serums, sulfonamides, and penicillin, which enabled physicians to halt this fearful toll almost in its tracks. Today, pneumonia as a cause of death has dropped to eighth place and is still losing ground.

Penicillin, the most potent foe of the pneumococcus, was discovered and named by a physician-bacteriologist. Its source was identified by a mycologist. Problems of production and purification were solved by chemists and biologists. The names of Fleming, Florey, Chain, and others are justifiably featured in the dramatic story, but the supporting cast was legion. Lilly, now one of the world's largest producers of penicillin, has contributed extensively. As further advances take place in the field of antibiotics, practical dosage forms will be made available to medical practitioners everywhere.

Lilly

LILLY SPECIALISTS SERVE THE MEDICAL PROFESSION

The ILLINOIS Medical Journal

Official Journal of the Illinois State Medical Society

Harold M. Camp, EDITOR. Theodore R. Van Dellen, ASSOCIATE EDITOR.

EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry Culver, Walter Stevenson, Raymond W. McNealy, Arkell M. Vaughn.

Vol. 96, No. 3 September, 1949

MORTILITY RATES IN ILLINOIS AT AN ALL-TIME LOW

The Health Statistics Bulletin from the Division of Vital Statistics and Records, Illinois Department of Public Health, has been received recently, and it contains a wealth of information for physicians and statisticians in general. This bulletin, under date of July 30, 1949, states that mortality in 1948 in Illinois was at an all time low.

In 1948 only 10.4 deaths were recorded per 1,000 inhabitants, the lowest rate on record. As the mortality rate improves each year, we have an increasing number of the population in the older age groups. The birth rate in 1948 was 20.9 which shows a tapering off from the all time high during the last year of the war and the year following. The rising birth rates of recent years, and lowered death rates, naturally mean a steady increase in the population of the state.

Maternal mortality likewise was at an all time low in 1948, there being only 148 maternal deaths reported during the year, thus establishing the low of 0.8 deaths per 1,000 live births. This is an improvement of more than 25% since 1940. The infant death rate for 1948 per 1,000 live births was 27.6, which is 22% lower than in 1940.

The greatest single factor in the lowered mortality among infants between the age of one month and one year, was the reduction of mortality from influenza and pneumonia, as there were only two deaths from these diseases per 1,000 live births — a reduction of 50% over the 1940 statistics. There has not been a death from smallpox in Illinois for ten years, and for the first time, there was not a single case of small pox reported in the state during the year.

A study of the mortality from the ten leading causes of death is most interesting. Heart disease once more leads the list as the principal cause of death, although there was a decrease in the total number of deaths over the previous year. Cancer is second on the list, then in turn we find cerebral hemorrhage, accidents, nephritis, diabetes, influenza and pneumonia, tuberculosis, premature birth and arteriosclerosis. Of the ten principal causes of death, there was an increase only in cancer and diabetes over the mortality statistics of the previous year.

Accidents were found in fourth place on the list of leading causes of mortality. There were 5,750 deaths from accidents recorded in Illinois during 1948 — 1,926 from motor vehicles; 1,871 from home accidents; 548 occupational, and the rest from miscellaneous causes. Of the home accidents, over 61% of them were among the inhabitants above the age of 65. Six percent of the deaths from accidents in the home were among children under the age of 5 years, and 39% of these were infants under the age of one year. Approximately one half of the infant accidental deaths were from suffocation.

Even though the percentage of residents over 65 is constantly increasing, the actual death rate is less than 1%. This is evidence that great achievements have been accomplished in preventing deaths among premature infants and equal progress has been made in the field of geriatrics. Deaths from influenza, pneumonia and tuberculosis are being reduced each year, and they constitute the major portion of the deaths resulting from communicable disease. It is shown in the annual report from the State Department of Public Health that the proportion of elderly people has been increasing each year steadily since 1930, and this growth is faster than for the country as a whole. In 1940 Illinois had 7.2% of its population over 65, and it is reported that in 1950 these elderly people will constitute at least 8% of the population.

Greater attention is being given each year to the growing interest in geriatries. This, along with newer types of therapy made available in recent years, accounts to a considerable extent for the better health enjoyed by those in older age groups.

Every member of the medical profession in Illinois should procure a copy of this interesting Health Statistics Bulletin and read it carefully to get factual data on health conditions in this state. Likewise they should familiarize themselves with the mortality statistics and note the improvements which are quite obvious. This material is of inestimable value in presenting actual facts concerning health and medical care in Illinois.

This report does not lend encouragement at all to the information released by Mr. Oscar Ewing in his report of the National Health Conference to the President in which he deplored the health records of the country in no uncertain terms. It is quite obvious that Illinois is thoroughly capable of caring for its own health needs and does not require outside assistance. Many accidents, of course, are preventable, yet it does not seem possible that federal control of medical care as intimated in Mr. Ewing's report, would in any way reduce the number of accidental deaths.

Greater care on the part of the citizenry would be the greatest factor in the reduction of accidents. The large number of home accidents could be reduced through the application of knowledge already available to most people.

THE HEGELIAN PHILOSOPHY

There is food for thought in Leo Alexander's article "Medical Science Under Dictatorship" in the July 14 issue of The New England Journal of Medicine. It is inconceivable that well meaning medical men were lured into playing an active role in the notorious Nazi atrocities. The catastrophe will go down in history as one of the best examples of how a group of well educated men gave an inch to ruthless politicians and were taken for a mile.

Since anything is possible under dictatorship the time to act is when the seeds of revolution are being sown; when all semblance of freedom is lost it is obviously too late. The Nazi resorted to clever propaganda from the start and, according to Alexander, "The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans. But it is important to realize that the infinitely small wedged-in lever from which this entire trend of mind received its impetus was the attitude toward the nonrehabilitable sick.

"It is, therefore, this subtle shift in emphasis of the physicians' attitude that one must thoroughly investigate. It is a recent significant trend in medicine, including psychiatry, to regard prevention as more important than cure." In other words they stressed the Hegelian philosophy which is the guiding principle of many of our recent dictators. It is imbued with the theory that only that which is useful is worth keeping. As a result, the mass extermination of the chronically sick, in the interest of saving useless expense to the community, appears to be warranted. All that was needed by the Nazi was a letter from the physician and the exterminators took over from this point on. From here it was easy to include those who were socially unfit and before long any man or woman who was an enemy of the party.

In a Government in which the physicians are a part of the state it is not difficult to conceive

how a letter of this nature could be obtained to eliminate any one whom the boss disliked. In this respect the politician acquired the power of life and death over any one. The physician, as his servant, became a partner in crime. Thus the Nazi were capable of making "medical science into an instrument of political power—a formidable, essential tool in the complete and effective manipulation of totalitarian control. This should be a warning to all civilized nations, and particularly to individuals who are blinded by the efficiency of a totalitarian rule, under whatever name."

According to Alexander, traces of euthanasia can be seen in this country. Through research the physician is dangerously close to being a mere technician of rehabilitation. He is no longer the Good Samaritan whose main function is to give hope to the patient and to relieve his relatives of the responsibility. If we neglect our chronically ill and make no effort to restore them to useful citizens we run the risk of encouraging the Hegelian premise of "what is useful is right." In this respect many of the national societies and foundations for cancer, tuberculosis, infantile paralysis, epilepsy, heart disease, and multiple sclerosis are coming to the rescue. They are fostered by people who believe that something can be done for these unfortunate individuals. They combat the executioner by stealing his logic and weakening his propaganda. The Dutch physicians refused to cooperate during the war with this German principle by unanimously acting from the beginning to resist the first step. This was done in spite of threats, imprisonment and sending scores to concentration camps. It worked and as a result thousands still are alive.

POLIOMYELITIS IN 1949 IN ILLINOIS

Illinois is currently struggling to overcome what may be its worst outbreak of poliomyelitis. From nearly every section of the state new cases are being reported daily, and at this time, the total number of cases is in excess of 1,400. In some areas the infection seems more virulent than in others and it is noteworthy that more cases have appeared proportionately, in four counties many miles apart.

A few years ago, such an outbreak would have had more sinister implications than it has in 1949. During the past decade, due to research carried out with funds subscribed individually or through the National Foundation for Infantile Paralysis, much has been learned about the disease and about other virus diseases as well. The result is that today, as seriously as the polio outbreak must be considered, it is possible to say that the final results will be far less tragic than a comparable outbreak would have produced 15 or 20 years ago.

Many new facts have been established regarding poliomyelitis by that research. The following paragraphs, prepared by an outstanding student of the disease, sum up some of the newer ideas concerning poliomyelitis.

"Clinical and experimental evidence has shown the transmission of polio virus via the gastrointestinal tract as well as via the upper respiratory tract. Recent investigations have revealed the virus in the nasal secretion during the early stage of polio, even before any symptoms of illness are manifest. The implications of those facts are obvious.

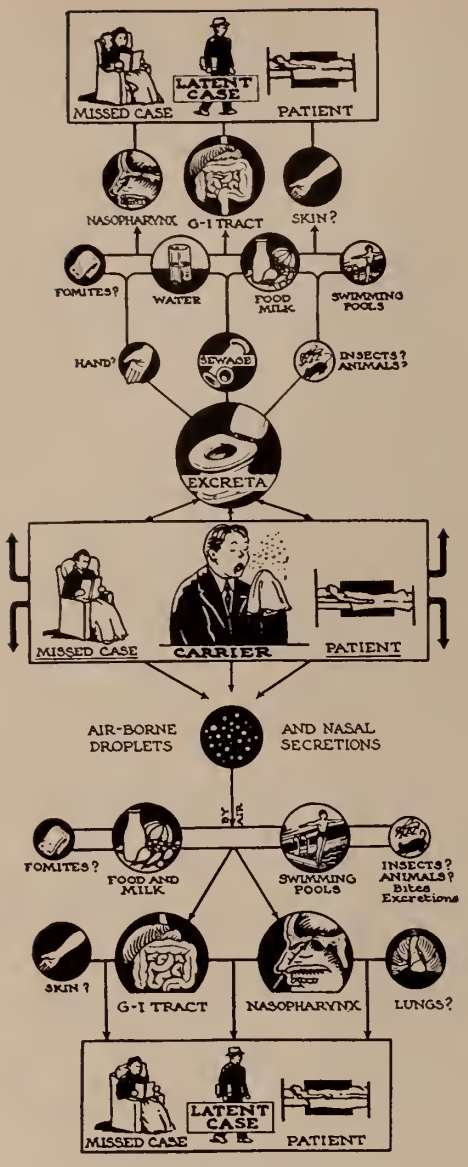
"Over a span of years it is evident that polio is increasing over and above the increase that could reasonably be expected from improved diagnostic ability and facilities.

"There is no doubt that more and more polio areas are developing in regions that were formerly comparatively free. Two notable examples of this are Texas and North Carolina.

"There is no doubt that polio is attacking more and more adults in proportion to the total number of cases. It appears that the disease is usually more severe in adults than in children, which seems to coincide with the fact that when an adult is attacked by a childhood disease it is usually more severe than the same disease in children.

"There is some legitimate criticism of the widespread newspaper publicity. There is no doubt that the population is getting increasingly jittery about polio. It has been said that polio hysteria is worse than polio itself. I believe that a tiny bit of polio panic is a good thing; but mass polio hysteria is to be deplored. There is justifiable criticism of the widespread publicity in the press.

"A word about bulbar polio hysteria is essential. When a child is seriously ill with polio, the parents frantically say "Call a doctor — call two doctors — call an ambulance — get a respirator . . . " little knowing that one of the surest ways



(Lewin, Hygeia, Oct., 1940.)
Infantile Paralysis, Lewin—W. B. Saunders, 1941 (Revised)

HYPOTHETICAL MEANS OF DISSEMINATION OF THE VIRUS OF ANTERIOR POLIOMYELITIS

Beginning with the central figures, the carrier is probably one of the most important sources of the spread of the disease, but the "missed" case and the actual patient are other important sources.

The chief means of dissemination are by way of excreta, and perhaps direct contact, and through insects and animals, and by means of air-borne droplets.

The most important portal of entry is the gastro-intestinal tract with the nasopharynx and skin as other possibilities. By these routes, the virus reaches either the latent case, the missed case or the patient.

Next in importance to the carrier as a source of infection is the latent case, an elusive source.

Secondary means of spread include: foods, milk, water, swimming pools, fomites and possibly the bites or excretions of insects and animals.

(Relative importance of various factors is indicated to a degree by the size of the figure and the lettering.)

to kill some bulbar polios is to put them in respirators without benefit of suction of the mucous from the throat and trachea and without raising the foot of the respirator to obtain gravity drainage.

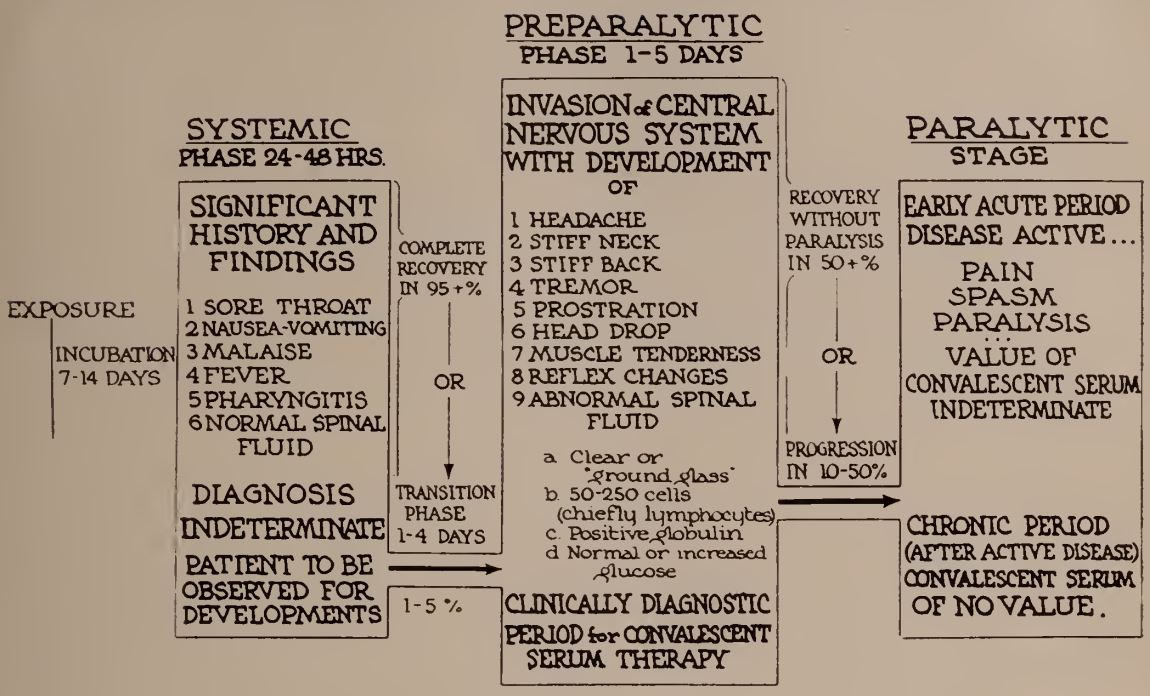
"Throughout the world, and especially in the U. S., some of the keenest minds in all branches of the medieal sciences are working feverishly to find, first, more about the cause and transmission of the disease, second, a prophylactic agent such as a vaeeine, and third, a curative agent, either from the realm of chemotherapy, antibiotic therapy, immunotherapy, or a biological product such as hyperimmune serum. Definite strides have been made in all aspeets of this important subjeet from the standpoint of etiology, epidemiology, prevalence, geographic distribution and associated factors. For example, Enders has shown that the virus of polio ean be grown on tissue cultures. His work has been confirmed by other investigators whieh is a very important advance step in the solution of the over-all problem.

"Recent investigations reveal definite eorrelation between the solid immunity in animals and a high antibody titer in the blood. This experimental work supports the practice of using human convaleseent serum of high antibody titer in early cases of aeute preparalytic polio. Such human eonvalescent serum is distributed throughout the state by the Illinois Department of Public Health.

"A note of hope is discerned in the fact that such chemical substances as aureomycin and chloramphetin have been effeetive against some viruses. It is not inconceivable that like substances may be effective in polio. Another antibiotie may be found whieh will be effective against the polio virus.

"Up to a few years ago it was thought that the pathology of this disease was a closed chapter, however, some very important recent additions to our knowledge have been contributed, espeeially regarding the respiratory eenter and the eireulatory center in the brain.

"A significant milestone on the road to solution of the problem was the first International Polio Conference held in New York City in July, 1948, under the sponsorship of the National Foundation for Infantile Paralysis. For five days the leading polio brains and talent of the world were gathered under one roof and every



aspect of the problem was thoroughly and informally discussed.

"Respirators are in adequate numbers throughout the various states. Every Health Officer knows where they are and how they can be brought to the patient expeditiously.

"Recently there has been much publicity given to the operation of tracheotomy. It appears that it is indicated as a life saving measure in special cases of laryngeal obstruction.

"There is no doubt that there is "a certain intuition born of experience" which assists the well trained physician greatly in predicting the outcome of a specific case.

"There is no scientific evidence to prove the value of area or geographic quarantine. Likewise, there is no scientific proof that the spraying of whole communities with DDT or similar products will prevent or minimize an outbreak.

"Not all clinical non-paralytic polio is due to the virus of poliomyelitis. Chief among these are mumps, meningomyelitis or encephalitis.

"Another new entity, the virus of which was described by Dalldorf and Sickles was recently confirmed by Melnick et al. Fortunately these diseases which resemble clinical polio are not usually associated with crippling or death.

"Fewer than 1 in 3000 of the total population are attacked by polio and fewer than 1 in 1200 of children's population. One-third of the population is under 15 years of age. Eighty percent of the cases of polio are in children under 15 years of age which means about 1 child in 1250 will get polio.

"The subject of polio has received too much and too little attention.

"In those communities where the disease is not common, both the profession and the laity have almost ignored it. On the other hand, in those communities which have suffered the misfortune of an outbreak of the disease, there is prone to develop very quickly a mass hysteria.

"Here we have a disease where the infection is not as dreadful as one of its complications viz., paralysis or crippling. It is the paralysis that makes polio the dreaded disease.

"Fifty years ago polio was practically unheard of in this country. However during the last four decades the country has witnessed several large epidemics. Clinical experience with the disease has made it possible to recognize more and more cases very early in the course of the infection.

"Prompt and adequate treatment during the early stage decreases both the incidence and severity of the paralysis.

"Immediate muscle care and protection will

prevent deformities and limit the disability to that caused by the destruction of nerve cells.

"Scientific physical therapy and judicious orthopedic surgery will rehabilitate even those who are extensively crippled so that they might assume useful roles in life.

"There appear to be several strains of viruses capable of causing polio and paralysis. They differ in virulence, degree of infectivity and antigenic properties. Formerly it was agreed that the disease could be reproduced only in the rhesus monkey. However, it can be reproduced characteristically and regularly in the cotton rat, the white mouse, the hampster, the chimpanzee and in several species of monkeys.

"Due to the absence of a specific test for polio virus infection, the diagnosis of non-paralytic polio is still a problem.

"We need a rapid accurate test that will make the diagnosis in the preparalytic stage. This test will be either: A complement fixation test, A microscopic test, A colorimetric test, or An electronic test.

"The Health Talk Release from the Educational Committee of the Illinois State Medical Society dated August 7, 1949, should be read by every physician and nurse.

"Every physician, public health worker and nurse should get and use the "Physician's Manual on Infantile Paralysis", Circular No. 87, published by the Department of Health of the State of Illinois, written by S. O. Levinson and Philip Lewin.

"I wish to take this opportunity to compliment the work of the public health agencies and their personnel, all of whom have contributed great service."

USE THE AMMUNITION FURNISHED YOU

If the medical profession of America values its personal freedom, each doctor must fight against passive acceptance of the "status quo." It is our duty to the American people, and to ourselves, to protect our system of free enterprise.

To do this, we must get the truth before the people.

The National Education Campaign of the American Medical Association has provided material which can be of tremendous value to us in our struggle to reject Compulsory Health Insurance.

Don't delay any longer. Fill out the coupon below and put this excellent material to work for our cause.

Please check items and note quantity desired.

Then mail to:

Dr. Harold M. Camp, Secretary
Illinois State Medical Society
Monmouth, Illinois

Quantity

- ☐ Question and Answer pamphlet "The Voluntary Way is the American Way" _____
- ☐ Illustrated Folder, "Your Medical Program — Compulsory or Voluntary?" Reception room and mail enclosure piece _____
- ☐ "Compulsory Health Insurance — A Threat to Health — A Threat to Freedom!" Basic speech in pamphlet form _____
- ☐ "The Doctor," 19" x 20" color reproduction of Fildes painting, for office display _____
- ☐ "The Doctor," 35" x 35" blowup of Fildes painting, for large public display _____

NAME: _____

STREET ADDRESS: _____

TOWN: _____

MEDICAL ECONOMICS

The Medical Economics Committee. Chauncey C. Maher, Chmn., Hubert L. Allen, Emmet B. Bay, Edwin F. Baker, Carroll Birch, Thomas C. Browning, Roland R. Cross, James Graham, George Halperin, Edwin S. Hamilton, Ford K. Hick, Edwin F. Hirsch, May McDonald Milligan, Marie Wessels, Walter M. Whitaker, Holland Williamson.



Campaigns for Funds and the Doctor

Philanthropy as a part of medical practice is probably as old as the practice of medicine itself. In feudal days, the monarch proffered the services of the court physician not only to his royal household, but often to the sick poor who came to his attention. The medical schools of early universities received grants from individual, government, or church sources and this practice has been continued over two centuries to our own modern times. The Rockefeller Foundation, the Guggenheim fund, and the Duke Foundation are examples of individual or family philanthropy of our modern era.

More recently, a new facet has been added to medical philanthropy, the collection of large annual funds by various associations, such as those concerned with tuberculosis, poliomyelitis, cancer, and heart disease. The success of these ventures indicates the tremendous interest of the public, including those who contribute large amounts down to the smallest donors. Medical organizations, national or local, and physicians as individuals are assuming significant responsibilities in the collection, and disbursement, of these funds. The donors should, and probably shall, at some future date, review professional activity and the end result, more or less critically.

The collection of these large annual funds has been primarily by councils, composed of men and women of prominence, and physicians of local and national reputation, under the jurisdiction of a definite medical organization. The methods employed involve private solicitation from donors, seals, tag days, collection boxes, public dinners, public appeals, mail queries and other methods. Utilization of the public press, newspaper and magazine, the radio, the movies for publicity purposes have been widely employed. On occasions, special agencies, who are skilled in advertising and fund raising have been employed. Physicians have generously contributed not only their time and energy but money to these projects. The public response has been little short of unanimous, and certainly generous. Substantial funds have been accumulated.

The disbursement of the funds accumulated has probably been less publicized than the collec-

tion methods. A portion must be allotted to expense of advertising and administration. Education of the lay-public regarding the individual diseases has taken a portion. This has been accomplished by lectures, magazine articles, leaflets, signboards, radio talks, slogans, and advertisements. Examination, hospitalization, and treatment of afflicted patients accounts for a certain percentage. Research has been awarded a share.

The results of these disbursements could not be tabulated with accuracy. None would question that the public has not been educated as the danger of cancer, tuberculosis, heart disease, or infantile paralysis. Criticism has arisen that the education of the lay-public has been overemphasized and the hypochondriacs rendered more apprehensive and emotionally stable individuals made fearsome over minor complaints. Many projects of a research nature have been underwritten in many areas throughout the United States. Possibly these studies will prove of great merit and serve as the foundation for further efforts that will yield more tangible results in a period of years. No dramatic discoveries have been reported, however, of worthwhile merit, to the public or the physicians.

Another phase of this situation is the ultimate effect of these philanthropic drives upon the public relationship of the profession and the laity. Ewing and those affiliated with him have criticized our present method of practice and one must admit he has had many listeners, and some believe we are in a defensive position rather than an offensive one.

A discovery of the cause or cure of cancer, for example, would be a substantial influence in retaining our present method of practice. Failure to show gains in conquering cancer, heart disease, or poliomyelitis from one year to another may react to our detriment.

Under any circumstances, the profession, individually and collectively, has accepted formally or informally a significant responsibility for their part in these philanthropic drives. No one should deny that we should inventory our position, more critically, than we have up to date.—C. C. M.

ONE HUNDRED YEARS OLD—AND STILL GOING STRONG

(Thus) we may say that normal senility is characterized by an absence of those disharmonies and deviations from the normal which we call disease. In contrast to this we see in the various syndromes which characterize pathological senility, evidence of many and varied disharmonies. In spite of senile withering, in the "macrobiotes" whom we have observed, the whole organism has endured as a definite physiological unit. Moreover these people have continued their lives as definite personalities with all their characteristic individual features. It is also well worthy of note that they have as a rule been able to adapt themselves to the decrease in capabilities and physical strength without protest or vain attempts to resist the inevitable. Life with them has proceeded more and more in the tempo of adagio, dominated at all times by a mental and vegetative calm. Thus it becomes quite easy to comprehend why these very aged people have in the great majority of cases continued their activity with a certain ability to work and with enjoyment and, in short, have been able to lead ordinary lives. . . As a result of these studies we may come to the conclusion that 100 to 120 years should be the normal span of human life. Unfortunately up to the present this age has been reached in rare instances only. Premature senility and death has been the rule Therefore efforts to achieve longevity need not be directed toward an attempt to prolong the span of human life but rather toward measures calculated to prevent premature pathological aging and premature death.—*Excerpt, Centenarians. The Syndrome of Normal Senility, Basylewicz, Ivan, M. D., R. I. Med. J., June* 1949.

STATE DEPARTMENT OF PUBLIC HEALTH



National Hospital Day

Roland R. Cross, M.D.,
Director, Illinois Department of Public Health

From the mind of a citizen of this community, Matt Foley, I understand, the idea emerged that there be a National Hospital Day. Wisely, May 12, the birthday of Florence Nightingale was designated as the special date.

In all that has to do with hospitals, Florence Nightingale was a very special person. Most people, to be sure, rightly associate her name with the establishmeent of schools of nursing and most people picture her as the lady with the lamp quietly walking through the wards at night attending to the physical and spiritual needs of the sick. The nurses here know that from her well-groomed mind and from her enormous experience and careful evalutions there evolved the principles and ethics of the art and seienee of nursing.

Great and lasting though her contributions to nursing are, Florence Nightingale should be remembered for more than these alone. She was an unusual woman for her time, and as a matter of fact, an unusual person for any time. She had the enviable gift of quick and accurate perception; she could see right through to the very bottom of problems, however complex and difficult they might be. She had the ability and the drive to set forth in an orderly fashion the necessary corrective measures. Her recommendations were always clear, rational and practical. Most of her recommendations are as good today as they were nearly 100 years ago when she published them in her scholarly volume entitled "Notes on Hospitals."

This is an interesting volume, now a rare book and a classic on the subject of hospitals. It was first published in about 1853 and the volume which was loaned to me through the kindness of the Bacon Library of the American Hospital Association is the third edition, published in London in 1863. Every page is a treasury of astute observations which are particularly meaningful to the workers in hospitals who are concerned about the principles of public health as well as to the workers in public health who are concerned in the problems of hospitals. It was,

Presented at Hinsdale, Illinois, May 15, 1949.

therefore, almost 100 years ago that through the insight of this remarkable woman the ideals of the two closely related fields of hospitals and public health were considered as one.

In the opening sentence of the preface of the third edition, Miss Nightingale says:

"It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm."

She then proceeds to discuss the sanitary condition of hospitals. She analyzes the harm that may come from "the agglomeration of a large number of sick under one roof" and advocates as the remedy, stern adherence to sanitary standards. Chief among these sanitary standards is adequate daylight and ample air-space per patient, sufficient space separating patient beds, and sufficient installations of sanitary plumbing. She emphasizes the importance of appropriate hospital kitchens and laundries and satisfactory space for the accommodations for the house staff. Her comments on site selection for the hospital are extra-ordinary and her references to atmospheric pollution sound like the articles we read on the subject today. She stresses the importance of hospital design to the welfare of the patient and for the convenience and economy of operation. She gave serious thought to the number of nurses and helpers needed to care for certain sized groups of patients. She has a great deal to say on the subject of hospital architecture and pays particular attention to designing construction so that maximum use is made of available sunlight. She had a critical eye for economy and recognized that some of her principles might be rejected because they involved more initial expense. "But," she interjects, "It so happens that the safest care is, in reality, the most economical mode of construction."

In the chapter on principles of hospital construction, she emphasizes design that is conducive to the smooth functioning of the plant. She advocated allotting 80 square feet of floor-area per bed, which is precisely the figure in use today. She points out that walls and ceilings should be of impervious material that will lend itself to painting and cleaning with soap and water. "Ward floors should be made of concrete or some similar indestructible surface." These concrete floors over "wrought iron joists" she explained, "are consequently fireproof as all hospital floors ought to be." This last I repeat, she said in 1863.

"These illustrations of hospital construction, when compared with what has been the past practice in this country (England) will show at once what ought to be done, and what ought not to be done, in planning buildings to be occupied by sick or maimed."

"Some recent plans, however, have alas! reproduced all the old errors in a novel form. **** Mistakes such as these can only be avoided by a very careful study and application of the principles laid down. It should never be forgotten that the first thing to be considered is what is best for the sick, not what may appear to be cheapest — for cheapness is only apparent, not what will make a good architectural elevation, for this is a point quite beside the question.

"The very first condition to be sought in planning a building is, that it shall be fit for its purpose. And the first architectural law is, that fitness is the foundation of beauty. The hospital architect may feel assured that, only when he has planned a building which will afford the best chance of speedy recovery to sick and maimed people, will his architecture and the economy which he seeks, be realized."[1]

These were splendid ideas and doubtless they figured in the growth of hospitals that came with the era of antiseptic surgery. Chances are that "Notes on Hospitals" was widely read, but from the evidence in existing constructions, built since 1863 in Illinois as well as in other places many of these fine guiding principles were not put into use.

Today, after almost 20 years of restricted building of hospitals due first to the depression and then to the war, we are engaged in a great movement of expanding our hospital facilities. Are we building wisely? Are we building purposefully? Or are we merely building buildings? The words of Ralph Waldo Emerson written many years ago are particularly pertinent to the ideals of construction needed for the modern hospital. Emerson said, in two beautiful lines:

"He builded better than he knew
The conscious stone to beauty grew."

In 1863, Florence Nightingale said, for all to read, that hospitals should be constructed of "concrete and wrought iron" for safety against fire. But until the period after World War I

1. Notes on Hospitals, page 106

almost all hospitals were built with wood-floors and wooden major partitions. After 50 years, the need for fire resistiveness in these particular constructions is fairly generally and satisfactorily appreciated. The same cannot be said with regard to floor space per patient. The 80 square feet of floor area specified per adult bed by Florence Nightingale in 1863 is the present day standard of public health authorities and is so spelled out in the regulations that govern the grant-in-aid construction program under Public Law 725. We now have gone a step farther and have defined the space requirements for infants and children. There is, however, less appreciation of the need for these standards of space-per-patient than for the standards of fire-safety. Patients who are crowded too closely together have an increased risk of cross-infection. When hospitals are overcrowded beyond the capacity for which they were originally constructed every fiber of the hospital plant and services is put under the same nature of strain that occurs when a bridge, built for certain tonnage, is over loaded. The hospital building, to be sure, probably will not collapse but the services and safety factors might very well give way. The risks from overcrowding and the attendant difficulties of administration were clear to Florence Nightingale and after applying the proper corrective measures to the Army barracks hospitals in the Crimea in 1854-1856, she reduced the mortality from 42 per cent to 2 per cent, all in the space of a few months. Yet, we still overcrowd our hospitals beyond all reasonable limits in order to meet the increasing demands for in-bed care.

Over and beyond the ideals that were recorded by Florence Nightingale, there are now some added principles that have evolved through the growth of medical knowledge and public interest in health. The hospital is growing to be considered less of an end point in a chain-reaction of health services than as the starting point of the web of health services. For example, it is not the end point of the nine months period of pregnancy, but rather, it is the beginning, the wholesome, healthful starting point of the normal mother-child relationship. Through the classes for expectant parents, through the manifold teaching opportunities for new mothers and fathers, the health education functions of the hospital assume importance almost if not equal to the importance of the delivery room-suite.

In fields other than maternity, all hospitals, not only the university teaching centers, can serve the community as the fountainhead of curative and preventive medicine, of education and of research. The hospital of today and certainly of tomorrow is more than a place for in-bed cases; it is the potential nucleus of all positive community health activities. In its libraries, laboratories, conference rooms, surgical theaters, rehabilitation and other facilities, the physicians may continue their life of professional services on the same high academic plane that they do in the school of medicine. Other health service personnel and the patients themselves may share in the aura of this spirit. The hospital is not a mere health factory, a place where handiwork of various sorts is available; it is rather a place of interpretative health service and health evaluation.

We are perceiving a shift from the old concept of a hospital as a hotel with clinical services to the newer idea that a hospital is essentially a polyclinic with beds for those cases that require them. This fine distinction in terminology requires a considerable distinction in construction pattern.

It is becoming apparent that the beds are not nearly so important an item as formerly and that the collateral facilities — the laboratory, the x-ray, the physiotherapy and occupational therapy, rehabilitation services, social services, ambulatory patient service and home follow-up of admissions, are the things that the patients are needing. An appendectomy a generation ago meant ten days flat in bed. Today the average case with an appendectomy or even more extensive procedures is ambulatory in little more than a day following surgery.

New mothers are getting up at three to five days after the baby is born and in some hospitals most obstetrics cases go home from the hospital within a very few days after the birth of the baby.

These and many other practices are all in the nature of progress. If the hospital were only a building, the problems of patients who go home early would be an item beyond the concern of the administration. But if the hospital is to be considered a force in the web of

community health services, something more than a hotel for invalids (to use the name of a famous old French Hospital); if the hospital is to be a channel through which it is possible for community health services personnel to act, then, in the words of Florence Nightingale, the physical plant should be "fit for its services."

The number of services that should be in a hospital or be closely related to a hospital is enormous and is increasing at a very rapid rate. It is my impression that the orderly mind of Florence Nightingale would indeed be dismayed over our unorganized services and over the way in which we have splintered our health resources and our health problems. I think, however, that she would be proud of the great gains which have been made in the medical and allied sciences and that she would regard our current pattern of duplications and gaps as but a challenge to the medical administrator who appreciates the strength which may come from coordination.

National Hospital Day is a time when the people of each community can make a special effort to find out in what ways their community hospital as an agent of community health services can assist them in illness and in health and in what ways they can assist their community to have the best possible hospital care. It is also a time when those in whom the trust of the hospital is placed may take a fresh look at the health problems of the community and with the people concerned in both the giving and receiving, reach for ever higher and higher goals of happiness and well-being.

THE COMMON COLD AND BACTERIAL INFECTIONS

There is no specific vaccine for the common acute respiratory infection of virus and bacterial origin. The use of bacterial vaccines containing respiratory disease pathogens and common flora of the nose and throat has not proved effective. Studies by Diehl and associates have shown that such preparations given either orally, subcutaneously, or instilled into the nasal passages elicit no specific resistance to respiratory tract infections. Summarizing the accumulated data up to December, 1944, on the use of bacterial vaccines, the Council on Pharmacy and Chemistry and the Council on Industrial Health of the American Medical Association conclude that "Decisive evidence of the value of any vaccine is not forthcoming and the weight of careful studies clearly indicates that none of the vaccines now available when administred by routes as advised have proved of value." Therefore, vaccines for "colds" cannot be recommended for administration to industrial groups, student groups, or to individuals. Any attempt to prevent colds by the use of bacterial vaccines must be considered purely experimental. Likewise, there is no evidence that vaccination with Influenza A & B virus vaccines protects against the "common cold" or respiratory infections of bacterial origin.—*Excerpt, The Problem of Control of the Respiratory Tract Infections, Clayton G. Loosli, M.D., Chicago, The Journal-Lancet, July,* 1949.

Primitive people went to the hills in the summer to enjoy the out-of-doors, to bask in the sun, light and mild temperature denied them in the winter, in the valleys, where they sought refuge from winds, storms, cold and humidity. When they found a climate and environment suitable to their needs, with weather not too changeable, they settled down to make themselves physically fit for the business of life as they found it. They thus practised preventive medicine which is vitally concerned with weather, climate, ecology, nutrition, housing, clothing, warmth, rest, relaxation, recreation and outdoor exercise.

Excerpt, Physical Medicine for Rehabilitation and Prevention of Ill Health, Madge C. L. McGuinness, M.D.; New York Medicine, July 5, 1949.

CORRESPONDENCE



POSTGRADUATE COURSES OFFER REQUESTED SUBJECTS

The Postgraduate Courses offered by the Chicago Medical Society represent one of the newer activities of the Society. The first two one-week courses were offered in 1947. Similar courses were arranged for 1948. This year, 1949, two additional courses are being offered the physicians of the country.

The courses being offered this fall cover subjects requested by those taking the previous courses:

October 17-22, 1949 — CARDIO-RENAL AND PERIPHERAL VASCULAR DISEASES.

October 24-29, 1949 — OBSTETRICS, ENDOCRINE-GYNECOLOGY AND STERILITY.

The courses will be given in Thorne Hall, Lake Shore Drive and Superior Streets. The fee for each week is $50.00.

One advantage of the courses offered by the Chicago Medical Society is that the faculty represents not only the medical schools of Chicago but also other leading medical schools of the country. Here physicians have an opportunity to hear and meet some of the out-standing authorities and to discuss with them their individual problems.

The courses are outlined to cover as much information as possible within the five and a half day period and to bring both the general practitioner and the specialist up-to-date. Fifty-four lectures will be given each week by a faculty of twenty-eight well known teachers. There will be round tables, clinical-pathological conferences and opportunities for those taking the courses to meet and talk with physicians from all sections of the country.

There will be one evening program in connection with each course.

Illinois physicians who are interested in taking advantage of this opportunity should write Dr. Willard O. Thompson, Secretary, Committee on Postgraduate Medical Education, Chicago Medical Society, 30 North Michigan Avenue, Chicago 2.

GONORRHEA SMEAR NO LONGER REQUIRED BY MARRIAGE LAW

On July 23, 1949, when Governor Stevenson signed Senate Bill 473, the law in relation to marriages was amended, effective at once, by removing the requirement of a microscopical examination for gonococci. The law was changed to delete the microscopic slide test for gonorrhea because, as it is quite generally known, this test is not considered reliable. The smear test fails to detect a considerable percentage of known positives. Furthermore, the newer drugs, particularly penicillin and the sulfonamides, can within a few hours remove all evidence of infec-

tion and minimize the health risk to either party of the marriage.

The Department of Public Health is sending to all County Clerks and all physicians in Illinois a notice to the effect that the marriage law has been amended.

The Department requests the cooperation of physicians in omitting the routine submission of slides for gonorrhea in connection with premarital examinations. The laboratory service of the Department will continue to provide smear and culture diagnosis for gonorrhea in cases at the discretion of the physician.

Please note that the premarital test for syphilis (serological test) is still required.

OCTOBER CLINICS FOR CRIPPLED CHILDREN

Twenty-one clinics for Illinois' physically handicapped children have been scheduled for next month by the University of Illinois Division of Services for Crippled Children. General clinics, providing diagnostic orthopedic, pediatric and speech and hearing services, will be held in 14 cities. Four clinics for children with or suspected of having rheumatic fever and one clinic for those afflicted with cerebral palsy will be held in addition to the general clinics.

Attendance figures at July clinics reveal that 711 children attended the general clinics, 43 visited the rheumatic fever clinics and 16 were seen at clinics held for the benefit of the cerebral palsied children. Attendance at the latter two types of clinics is by invitation only.

Clinics are held by the Division in cooperation with local medical and health organizations, both public and private. Clinicians are selected among private physicians who are certified Board members. Any private physician may refer or bring to a convenient clinic any child or children for whom he may want examinations or may want to receive consultative services.

The October schedule is listed below:

October 4—E. St. Louis, St. Mary's Hospital
October 5—Chicago Heights, St. James Hospital
October 6—Hinsdale, Hinsdale Sanitarium
October 6—Flora, High School
October 11—Peoria, St. Francis Hospital
October 11—E. St. Louis, Christian Welfare Hospital
October 12—Glenview, Village Hall
October 13—Springfield, St. John's Hospital
October 13—Elmhurst Rheumatic Fever, Elmhurst Community Hospital
October 13—Cairo, Public Health Building
October 14—Chicago Heights, Rheumatic Fever, St. James Hospital
October 18—Danville, Lake View Hospital
October 19—Elgin, Sherman Hospital
October 20—Rockford, St. Anthony's Hospital
October 20—Jacksonville, Our Savior's Hospital
October 25—Peoria, St. Francis Hospital
October 25—Effingham Rheumatic Fever, American Legion Home
October 26—Springfield Cerebral Palsy, St. John's Hospital
October 27—Normal, Brokaw Hospital
October 28—Chicago Heights, Rheumatic Fever, St. James Hospital
October 28—Litchfield, St. Francis Hospital

"YOUR MENTAL HOSPITALS" TYPES OF MENTAL ILLNESSES

A study was made by the Research and Statistical Division of the Illinois Department of Public Welfare on the various diagnostic groups of mental illnesses. It was felt that these figures would be of general interest inasmuch as they depict the annual admissions and the resident population of Illinois State Mental Hospitals.

Chart I represents 12,800 patients admitted during the twelve month period. This circle is divided into groups based on the types of mental illnesses. Chart II is a listing of major diagnostic groups of mental diseases. Chart III represents the actual resident population of the nine State Mental Haspitals and reveals the diagnosis of 34,000 resident patients.

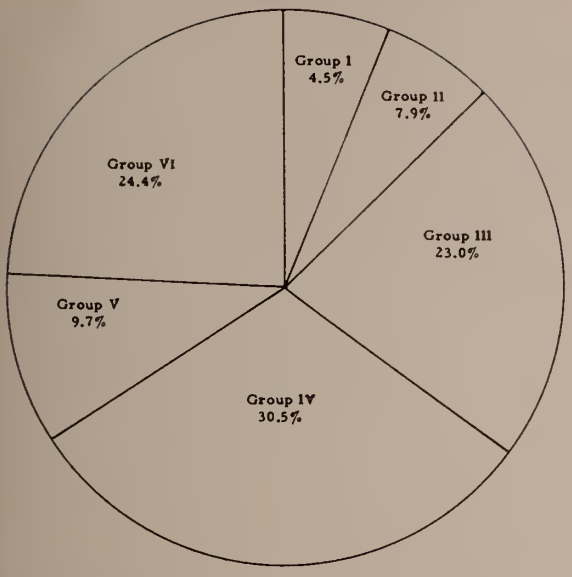
It is interesting to compare the admissions with the resident population.

Group I, representing mental illnesses associated with syphilis, forms 4.5. percent of the admissions and 7.1 percent of the resident population.

Group II, which consists of the alcoholic psychoses, forms 7.9 percent of the admissions but only 3.3 percent of the total resident population.

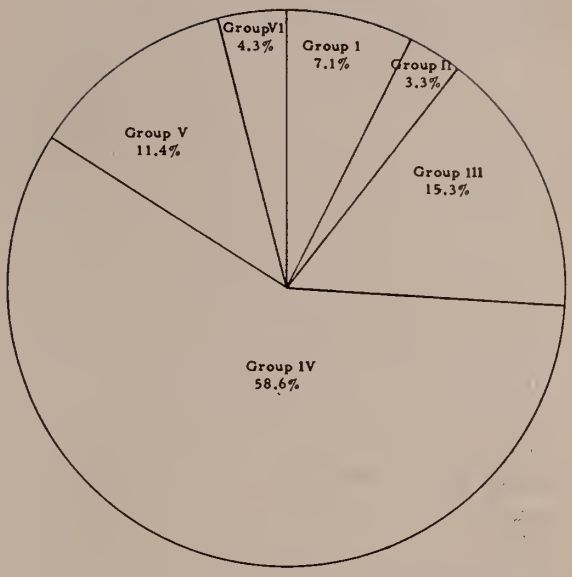
Group III includes the arteriosclerosis and senile patients with mental illness and forms 23 per cent of the admissions and a resident population 15.3 percent. These patients are admitted

CHART I



Admissions to Illinois State Hospitals for the Mentally Ill:

CHART III



Total Population Present in Nine Illinois State Hospitals

late in life, many are in very poor physical condition at the time of admission and the hospital stay is limited.

Group IV, involving the functional psychoses, forms 30.5 percent of the admissions, but forms the large bulk of the resident population of the State Hospitals, namely, 58.6 percent. This is true throughout the United States.

Group V, representing the mental illnesses associated with other diseases' processes, forms 9.7 percent of the admissions and 11.4 percent of the resident population.

The last, Group VI, are patients who are admitted to the mental institutions without a true psychosis but suffering with mental disturbances which require mental hospital care. These include the psychoneurotics psychopathic personalities and drug addicts, etc. They comprise 24.4 percent of the admissions and because of their short hospitalization only form 4.3 percent of the resident population.

The duration of hospital stay varies with the type of mental illness and its prognosis.

G. A. Wiltrakis, M.D.
Deputy Director
Medical & Surgical Service

CHART II
MAJOR DIAGNOSTIC GROUPS FOR MENTAL DISEASES

I. Psychoses with syphilis
 General paresis
 With cerebral syphilis

II. Alcoholic psychoses

III. Diseases of the senium
 With cerebral arteriosclerosis
 Senile

IV. Diseases of psychogenic origin (or without clearly defined tangible cause or structural change)
 Functional psychoses
 Dementia praecox
 Manic-depressive psychoses
 Paranoia and paranoid conditions
 Involutional melancholia
 Psychoneuroses and neuroses
 With psychopathic personality

V. Other diseases with psychosis
 With Huntington's chorea
 With brain tumor
 With other brain or nervous diseases
 With pellagra
 With other somatic diseases
 Traumatic
 Epileptic psychoses
 With mental deficiency
 Undiagnosed and unknown
 Due to drugs, etc.

VI. Without psychosis
 Epilepsy
 Alcoholism
 Drug addiction
 Psychopathic personality
 Mental deficiency
 Others

WOMAN'S AUXILIARY PRESIDENT'S MESSAGE 1949-1950

As we begin the new Auxiliary year may I extend to all members a sincere wish that you will become enriched by Auxiliary friendships, and that all of you will further the aims, purposes and ideals of the Auxiliary.

This year should be a year of study and service; this year is a critical year and your obligation must be to build up a background of information that will act as a bulwark against any force which may endanger the place of the Doctor in our country. This year should not be a year of entrenchment but a year of aggression. We must be on the offensive so let each and every one of us be a Crusader against the forces that would destroy our heritage of free enterprise.

We can equip ourselves for the crusade only by acquiring a "speaking knowledge" of authentic information and this should be acquired through study, discussion and lectures. Our influence will have maximum strength only if we are able to take the message of medicine to the peoples of our communities and thus give them the A. M. A.'s answer to the President's Compulsory Insurance Plan. We also must promote and familiarize ourselves with the voluntary prepayment medical and hospital care plans.

As in former years we must continue with our work on the benevolence fund. May our efforts make this fund sufficient for "social security" for all who may need it. We are fortunate in having the opportunity of improving health standards through educating our citizens by encouraging the reading of Hygeia. Especially in schools is this factual source of information conducive to a better understanding of honest health information.

As our membership grows so does our work and our responsibilities. Let us work toward a goal of an Auxiliary in every county and a member of every doctor's wife.

May the year just ahead of us be a happy and successful one. As your President, I pledge to you my complete support in all your undertakings.

Mrs. E. M. Egan, President

ADVISORY COMMITTEE

Dr. Darwin B. Pond, Chairman
4753 N. Broadway Street
Chicago, Ill.

Dr. H. Kenneth Scatliff
4753 Broadway Street
Chicago, Ill.

Dr. Harold M. Camp
224 S. Main St.
Monmouth, Ill.

Dr. E. G. Beatty
Pontiac, Ill.

Dr. Walter Bornemeier
55 E. Washington St.
Chicago, Ill.

OFFICERS

President—Mrs. E. M. Egan
6741 Euclid Ave.
Chicago 49, Ill.

President Elect—Mrs. Carl E. Sibilsky
100 N. Glenwood Ave.
Peoria 5, Ill.

First Vice-President—Mrs. James M. McDonnough
3578 N. Armitage Ave.
Chicago 29, Ill.

Second Vice-President—Mrs. T. B. Carney
611 S. Tremont Street
Kewanee, Illinois

Third Vice President—Mrs. Henry Christianson
6557 S. Talman Ave.
Chicago 29, Ill.

Treasurer—Mrs. S. M. Hubbard
Ridge Farm, Illinois

Recording Secretary—Mrs. A. T. Kwedar
414 S. 7th Street
Springfield, Illinois

Corresponding Secretary—Mrs. Philip M. Baker
9016 S. Paxton Avenue
Chicago 17, Illinois

DIRECTORS

Mrs. L. N. Hamm
325 Eleventh St.
Lincoln, Illinois

Mrs. M. A. Nix
203 Park Avenue E.
Princeton, Illinois

Mrs. G. Henry Mundt
7100 South Shore Drive
Chicago, Illinois

COUNCILORS

First District—Mrs. Douglas Hurley
1050 W. Chicago St.
Elgin, Illinois

Second District—Mrs. R. E. Davies
216 Cleveland St.
Spring Valley, Illinois

Third District—Mrs. Robert J. Hawkins
1045 N. Lorel Avenue
Chicago, Illinois
Mrs. B. K. Lazarski
10810 Prairie Avenue
Chicago, Illinois
Mrs. Walter C. Bornemeier
7850 Caldwell Road
Niles, Illinois

Fourth District—Mrs. L. A. Burhans
208 Bigelow St.
Peoria, Illinois

Fifth District—Mrs. D. H. Trumpe
1920 Wiggins Avenue
Springfield, Illinois

Sixth District—Mrs. Leo L. Grzesk
2584 E. 27th Street
Granite City, Illinois

Seventh District—Mrs. Cecil Maxey Kell
521 W. Main Street
Salem, Illinois

Eighth District—Mrs. Harlan English
6 W. Raymond St.
Danville, Illinois

(No members in Ninth District)

Tenth District—Mrs. R. B. Ellis
6 Signal Hill
East St. Louis, Illinois

Eleventh District— Mrs. George Carlin
506 Buell Avenue
Joliet, Illinois

CHAIRMEN OF STANDING COMMITTEES

Archives—Mrs. A. J. Sullivan
7122 S. Euclid Avenue
Chicago, Illinois

Benevolence—Mrs. Roy Hutchison
4418 W. Parker Avenue
Chicago, Illinois

Bulletin—Mrs. George E. Kirby
Webster Park Place
Spring Valley, Illinois

Convention—Mrs. H. H. Southwick
1501 Leland Avenue
Springfield, Illinois

Credentials and Registration—Mrs. Edward Warnick
5316 Wellington Avenue
Chicago, Illinois

Finance—Mrs. Gregory Carey
612 Buell Avenue
Joliet, Illinois

Hygeia—Mrs. Henry Christianson
6557 S. Talman Avenue
Chicago, Illinois

Hostess—Mrs. W. J. Wanninger
7363 Coles Avenue
Chicago 49, Illinois

Legislation—Mrs. Walter Shriner
913 Williams Boulevard
Springfield, Illinois

Organization—Mrs. Carl E. Sibilsky
100 N. Glenwood Ave.
Peoria, Illinois

Press and Publicity—Mrs. C. C. Kane
8521 State St.
East St. Louis, Illinois

Printing—Mrs. C. A. Ross
1577 N. Cherry St.
Galesburg, Illinois

Public Relations—Mrs. T. B. Carney
611 S. Tremont Street
Kewanee, Illinois

Program—Mrs. James M. McDonnough
3578 N. Armitage Avenue
Chicago, Illinois

Reference—Mrs. Harry J. Dooley
706 Keystone Avenue
River Forest, Illinois

Revisions—Mrs. Warren W. Young
10750 Calumet Avenue
Chicago, Illinois

Parliamentarian—Mrs. Clarence Goodwin
4646 Woodlawn Avenue
Chicago, Illinois

Chairman of Members at Large—Mrs. A. E. McCornack
265 Hamilton Avenue
Elgin, Illinois

LIAISON—ILLINOIS STATE MEDICAL SOCIETY

Miss Ann Fox
Secretary Educational Committee
30 N. Michigan Avenue
Chicago 2, Illinois

Mrs. Frances C. Zimmer
Executive Assistant
Illinois State Medical Society,
Monmouth, Illinois

DOCTORS' DILEMMA

To The Editor:—

Physicians in Chicago and Illinois are faced with a challenging problem regarding the fine health radio show, It's Your Life. To bring it to your attention in this way may raise the eyebrows, and even the blood pressure, of some of

us. But challenges must be met and dilemmas faced.

Never before in the history of American medicine have our public relations been so important. Never has preventive medicine attained such great significance, together with health education, its cornerstone. This radio show is proving to be both ambassador and teacher.

In a powerful yet simple presentation, ordinary people, in their own unrehearsed words, tell how they have met and solved their health problems. It is heard, at present at 3:30 on Sunday afternoons over Station WMAQ, Chicago. Over 140 of these programs have been presented since October 18, 1948, and the series has allready received four national and one local award.

The program is dedicated to the benefit of the public and has received enthusiastic approval from both doctors and patients. It might have been dedicated to the medical profession as well, since its implications in medical public relations are obvious. What can bring to the public a stronger realization of the quality of existing medical services than the experiences told by patients themselves — of cancer cured by early diagnosis and efficient surgery, of tuberculosis checked and arrested in its incipiency, or of a helpless blue baby restored to normal life?

It's Your Life is produced by the non-profit Chicago Industrial Health Association and sponsored by Johnson & Johnson. When it completes its first year on the air in October it will have cost the sponsor more than $100,000. Their public spirited attitude has been unique in radio history. They have received thanks and praise. They have shared in some of the show's extensive national publicity. But the sale of their products has not increased appreciably in this area during the past year. That is the difficulty.

Can we expect the sponsor to continue to give us this fine program and to extend it for national hearing unless they receive some tangible return on this large investment?

Our profession is deeply indebted to Johnson & Johnson for making this program possible. It is highly desirable that we be articulate in expressing our appreciation. If there is no ethical or financial consideration involved, if the sponsor's products meet necessary standards, is it not fitting that we meet our responsibility toward this program realistically and in a practical manner?

The physicians in this area would miss It's Your Life. We should be able to keep it on the air.

AMERICAN ACADEMY OF NEUROLOGY

The American Academy of Neurology held its first national scientific meeting at French Lick Springs, Indiana on June 1, 2 and 3. Almost 300 attended the sessions, during which some 38 scientific papers were presented. Highlighted were practical clinical studies and retraining therapy of the neurologically disabled patient. Major General Paul R. Hawley addressed the membership on "The Place of Neurology In American Medicine In The Future."

The American Academy of Neurology was founded two years ago in response to a growing need for a national organization to actively foster the progress of clinical neurology. Growth of this relatively young organization has been rapid, and it now has over 700 members. At the French Lick Meeting, the Academy adopted a resolution requesting that neurology be adequately represented under the National Mental Health Act.

Current officers of the Academy are: Dr. A. B. Baker, President; Dr. Pearce Bailey, Vice-President; and Dr. Joe R. Brown, Secretary-Treasurer. Dr. Pearce Bailey, of Washington, D. C., is the President-elect and Dr. Howard Fabing, of Cincinnati, Ohio, is the Vice-President.

All communications should be addressed to Dr. Joe R. Brown, Secretary, American Academy of Neurology, Mayo Clinic, Rochester, Minnesota.

GASTROENTEROLOGISTS MEET IN BOSTON

The National Gastroenterological Association will hold its 14th Scientific Session at the Somerset in Boston, Mass. on October 24-26, 1949.

Immediately following the Convention on October 27, 28, 29, 1949, the Association is sponsoring a course in Gastrointestinal Surgery at the Boston City Hospital.

Further information concerning the program and details of the course may be obtained by writing to the Secretary, National Gastroenterological Association, 1819 Broadway, New York 23, N. Y.



Doctors of the Alexander County Medical Society carried out an effective educational campaign when they secured the cooperation of all the druggists in the installation of window displays depicting the dangers of political medicine. Pictured is the window of Bryant's Drug Store in Cairo. Other county societies could easily duplicate this wise program.

COUNTY SOCIETY ENLISTS DRUGGISTS' AID

To the Editor:

Enclosed please find a photograph which you requested concerning the window display about which I wrote to you some time ago. Our society in Alexander County is having each drug store prepare a window display using the picture of the doctor as a background. They also use the many pamphlets that have been released from your office as well as from Whitaker and Baxter.

Each drug store was more than glad to render their services in this way to fight political medicine.

I have noted that these window displays have created quite a lot of interest, and one would be surprised how many individuals stop and look at such a window.

When I first secured this idea it was my opinion that such a display would be more effective than for each physician to high pressure his patients during office hours.

We shall continue to carry on the fight to the limit.

Paul S. Baur, MD.
Cairo, Illinois.

POLIOMYELITIS

Probably primarily a contact disease such as influenza or chicken pox.

The virus has been recovered from flies, and although they may be a factor in the dissemination, they are not considered as playing an important role in spreading the disease.

Like several other diseases, such as measles, the cases frequently begin in a mild form and may be overlooked. The incidence rises to a peak, then gradually tapers back to normal.

Poliomyelitis is predominantly a hot weather disease, although it may be seen in cold weather. It has been shown experimentally that some strains of the virus retain full infectiousness after being frozen as long as one year.

Early symptoms may be a headache, fever, muscle stiffness in neck or shoulders, or perhaps a digestive upset.

Children with even a slight infection of polio should be put to bed. It is always advisable in times of epidemics to protect children from chilling and from fatigue.

Comparatively few of these patients become paralyzed.

In most epidemics, most of the polio deaths are from the adult age group (16 or over). In one series of 250 cases recently reported among 80 children under age of 6 with polio had no mortality. 70 between the ages of 6 to 10 had two deaths; then as the age increased, the greater the mortality.

Because an industrial environment is supposed to be dirty, grimy, and dusty, it has, out of ignorance, been accused of being an incubator for tuberculosis. Such thinking disregards vital components outside of the working environment of the employee, such as the economic factor, living conditions, congested housing, improper nutrition, financial insecurity with all its attendant worry, personal and community hygiene. Rutherford T. Johnstone, M. D., Am. Rev. Tuberc., Oct., 1948.

A large share of the success in controlling the disease (tuberculosis) over the years should probably be credited to the intensive educational campaign through which the average person has been taught the importance of early diagnosis and treatment, the recognition of the characteristic symptoms, and the measures to be taken to prevent the spread of the disease. The large number of tuberculosis clinics and sanatoria have also played an important role in saving the lives of tuberculous patients. Louis I. Dublin, Ph. D., Health Progress 1936 to 1945, Metropolitan Life Insurance Co.

NEW ACNE TREATMENT PREVENTS SCARRING

A new method of treating common acne with dry ice clears up lesions of the disease with little or no scarring, report two Philadelphia doctors.

More than 2,000 acne patients have been treated by the method with good results, Drs. Carroll S. Wright and E. R. Gross say in a June issue of Archives of Dermatology and Syphilology, published by the American Medical Association.

Small pieces of dry ice are applied directly to the acne pustules for from three to five seconds, they explain.

If the lesions are numerous, a large piece may be applied over a group of lesions. Since the lesions are usually elevated, the skin between them is untouched if the right amount of pressure is applied.

"Within a few hours there may be surface vesiculation [blistering] over the pustule; this is followed by drying and general shrinkage of the treated pustules which usually will result in their involution in from one or two treatments with little or no scarring," the doctors write.

"Deep cystic lesions may require a number of treatments, the number depending on their depth."

SYSTEMIC THERAPY URGED FOR ARTHRITIS

. . .It should be constantly borne in mind that all cases of arthritis should be treated from the outset in the way that all systemic disease involving the whole body should be treated, i. e., by giving the body economy an optimal opportunity for normal physiologic equilibrium to be established. This is not a scrap basket recommendation but something to be interpreted literally and carried out with fidelity. There is no single remedy indicated for the treatment of arthritis. A coordinated approach is the only one which may be expected to achieve significant results in any large group of arthritics. Most refractory cases of arthritis are refractory because they have been inadequately cared for at the outset.

Excerpt, Treatment of Arthritis, Ralph Pemberton, M. D., Philadelphia, Pa.; The Pennsylvania Medical Journal, April, 1949.

No subject is more intimately connected with the happiness and prosperity of a people than the degree of public health that they enjoy. Lemuel Shattuck, Chairman of the Massachusetts Sanitary Commission, 1851.

ORIGINAL ARTICLES



Lessons Learned in the Effingham Hospital Fire

W. J. Gillesby, M.D., F.A.C.S.
Effingham

The St. Anthony's Hospital fire disaster of April 4, 1949 has been adequately covered by the press. As doctors we must profit by our mistakes. Wars and other disasters all leave a few lessons if we're alert. The price is a terrible one to pay but we are entitled to what little lessons we can learn.

Our responsibility to our patients makes our duty clear. We must be able to assure our patients that we are sending them to a safe institution. Legally we are not responsible but morally we are definitely so and our patients expect us to be well informed.

St. Anthony's Hospital was constructed better than many hospitals and as well as most. The conditions that made the disaster possible are present in all too many institutions in this country. Such a disaster makes one very alert to fire hazards and I have been amazed since the fire, at the conditions in many other hospitals and public buildings.

The points presented here are not new, but obviously need emphasis from time to time.

The chimney or flue effect of open stairways in buildings is well known. Stairways between floors should be enclosed in stairwells with steel doors at each floor, closed except when in use. They should not be propped open at any time.

Fire drills and actual testing of fire equipment should be mandatory every three months. Fire hose is often checked but water is seldom run through because it is messy and too much commotion frightens the patients! If drills and tests were done often enough, they would be taken for granted and no alarm would ensue.

Cigarette smoking is and will be a problem but it behooves is to constantly warn our patients and present a good example when we smoke. A smouldering cigarette in dirty linen can be a very serious thing. Whether this was a factor in St. Anthony's Hospital fire will never be known, but I present it as a warning and a possibility—anywhere.

Regular rounds by watchmen should be routine and check systems such as used in industrial

plants—time clocks to be punched regularly—would help.

Every city should have disaster plans formulated. During such a disaster confusion reigns. If we had been prepared—we would have had a loud speaker truck at the scene. (Every city has one available for commercial advertising.) The police, city authorities or someone in authority could have directed doctors, nurses and relatives of patients by means of the loud speaker system and much confusion would have been avoided. The patients saved from the fire were placed in private homes or taken to other cities and it was some time before we knew where our patients were.

From the purely medical standpoint the most important lesson learned was a dramatic confirmation of the importance of early ambulation. The following brief histories illustrate this point.

Mrs. M., age 38, was subjected to pelvic laparotomy three days before the fire. She was in a two-bed room on the second floor—some 25 feet above ground level. She had been up and about since the day after operation. When smoke and flames were noted in the hall, Mrs. P. her roommate, a medical patient, tore sheets and lowered Mrs. M. to the ground through the window. Mrs. P. was then rescued by firemen, via ladder. Mrs M. was not injured in anyway and aside from some justifiable nervousness, has made a complete and uneventful recovery. Had she not been ambulatory, I'm sure her roommate could not have saved her.

Mr. P., age 45, had had a perforated duodenal ulcer with operation in 1932. In October 1948, he was the victim of a massive peptic ulcer hemorrhage. Ulcer pain was intense. In February, 1949, another massive hemorrhage occurred. Because of the intense pain, hemorrhages and length of systoms, operation was advised. On April 4th, 1949, a Polya-Balfour resection and bilateral vagotomy was done through a right paramedian incision. Gas and ether were used for anesthesia. The operation was difficult—the separation of the gall bladder and duodenum required tedious dissection and the old perforation was opened during the procedure. Silk interrupted sutures were used for closure. Following operation he was given blood transfusions, gastric suction was employed and oxygen was administered. He awoke at 11:30 P.M. because of the smoke in his room which was on the first floor—12 feet above ground level. He removed the infusion needle, nasal oxygen tube and nasal suction tube, tore sheets and tied them to his bed, and lowered himself to the ground. He located his wife in the crowd of people outside the building, walked 1½ blocks to his car, lay down in the back seat and his wife drove him some fifty-seven miles to the Olney Sanitarium, Olney, Illinois. His recovery was remarkably uneventful and he has shown no ill effects from his violent experience. His escape was accomplished twelve hours after his major operation had been completed.

One factor that is probably more important than any other is the unpredictable panic that seizes so many people. I am sure some of the ten nursery babies that perished could have been saved by cool heads. The location of fire escapes should be known by all personnel and regular quizzes used to impress the importance of such knowledge. If babies were kept with their mothers, as is being advocated in some centers, the mothers could have saved their own babies at least.

Many ideas have been advanced since the fire as to how the babies could have been saved. Putting the babies in the dirty linen hamper and lowering them out the window was one. One doctor devised a bag use in a chute from the nursery to the ground. My personal belief is that any method must be simple—people in stress time do not act sensibly—and complicated devices will be useless. Another essential is that the method adopted be safe. Many of the ideas advanced would suffocate more babies in minor fire alarms than they could possibly save in a real disaster.

Each institution's problems are unique unto itself and should be thoroughly discussed in staff meetings and administrative conferences. The nursing, side, orderly, and maintenance personnel must all be thoroughly trained for any emergency.

"Eternal Vigilance is the price of Safety."

420 E. Jefferson St.

Acute Appendicitis With Perforation

A Review of the Literature

Charles J. Weigel, M.D., A.I.C.S.
River Forest

Acute appendicitis has a mortality and morbidity rate far in excess of what surgeons the world over feel it rightfully deserves. Cutler[16] in a twenty-five year statistical study gives a mortality rate approximating the norm of all rates given in this review. He gives a total mortality rate of 4.4 per cent. The cases were divided into acute appendicitis with a rate of 1.2 per cent, acute appendicitis with perforation 17.1 per cent, and acute appendicitis with abscess 7.3 per cent. His study covered a total of 2,192 cases.

Fifty-three articles appearing in the literature from 1932 to 1948 were reviewed for the purpose of formulating some method of procedure that would lead to a lower mortality and morbidity rate.

Anatomy. — A review of the major anatomical features of the vermiform appendix is in order, so that the resultant pathology in the diseased organ can be more readily understood.

The appendix springs from the medioposterior portion of the cecum. It is found in several positions, the most common of which are (1) downward over the brim of the pelvis, (2) upward and posterior toward the hepatic flexure, and (3) medially and upward toward the spleen. The length varies from 1.5 cm. to 18 cm. according to Cunningham and is approximately 0.5 cm. in breadth.

The appendix is composed of all the primary layers as the bowel and is richly supplied with lymphoid tissue. The blood supply is from the ileo-colic artery and is terminal. The lymph drainage is controlled by nodes on the cecum, at the ileocolic junction and medially to the glands in the celiac and lumbar regions. It may also drain to glands in the right iliac fossa.

Etiology. — Acute inflammation in the appendix may be (1) embolic from infections in other parts of the body, i. e. septic sore throat, (2) obstruction of the lumen by fecalith, cicatricial stenosis at the cecum, spastic muscular condition, and kinks and adhesive bands.

A large percentage of cases of acute appendicitis with perforation give a history of having taken a laxative. Bower et al[6] state that in their series 89 per cent had received laxatives prior to admission to the hospital. The mortality rate in the laxative group was 115 per cent higher than in the non-laxative group. The laxatives were either self-prescribed or advised by a physician, druggist or some other second party. Stasis in the appendix leads to perforation and gangrene by an increase in the luminal pressure.

Symptoms and Diagnosis. — The onset is usually sudden and in many cases awakens the patient from a sound sleep. The pain is generalized over the entire abdomen with prominence in the celiac and epigastric regions, and later becomes localized to the right lower quadrant. In those cases where the appendix is retrocecal the prominence of the localized pain may be in the right flank. When the appendix is long and in the right iliac fossa the patient may complain primarily of urinary symptoms with pain radiating sometimes to the right testicle.

The temperature may vary from normal to 104°F. Leukocytosis with a high polymorphonuclear cell count may be present in most instances ranging from 10,500 to 25,000, but if the circulation to the appendix is obstructed it may be normal; therefore, it should not be relied upon as positive proof of diagnosis.

Nausea and vomiting with anorexia are usually present with constipation or diarrhea. The pulse is elevated, and if the process is highly malignant may be over 120 per minute.

Tenderness and rigidity of the right lower abdomen is the rule but in cases of retrocecal appendicitis it may be in the right flank and simulate ureteral colic. Rebound tenderness is usually present but most men agree that the procedure is too dangerous and lends very little

towards diagnosis. Rectal examination should be made in all cases to ascertain the presence or absence of an abscess.

TREATMENT

Pre-operative Treatment. — All authorities are agreed on surgical intervention when an early diagnosis is made, but there are two schools of thought when the case is of forty-eight hours' duration or more, or when peritonitis, local or generalized, is present, or when an abscess can be palpated rectally or through the abdominal wall.

Operative procedure should only be instituted after the patient is in the optimum physical condition. If the patient is dehydrated from vomiting or diarrhea or both, his fluid and electrolytic balance should be restored, he should be given proper sedation, and heat in the form of hot stupes applied to the abdomen. It is felt by some men that the application of heat in this manner decreases the complications of thrombophlebitis by relaxation of the blood vessels and increasing the circulation of the area.

Proper pre-operative medication should be given in the form of morphine sulfate and atropine or scopolamine. Much depends on these drugs to allay the apprehension of the patient and restore bowel tone. If the patient has distention or has been vomiting it is best to institute Wangensteen continuous suction before starting the operation.

Anesthesia. — Spinal anesthesia is the anesthesia of choice when indicated; however, cyclopropane, gas, and local anesthesia supplemented with sodium pentothal may be used. Much depends on the condition of the patient and the experience of the anesthetist. Careful consultation on the choice of anesthetic agent to be used should be had before surgical procedure is considered.

Incision. — The McBurney incision seems to be the choice of most of the authors. It is felt that it causes the least amount of trauma to the abdominal contents and gives adequate exposure. Bower[6], however, feels that the McBurney incision is inadequate and recommends the use of the transverse incision. Lahey[30] urges the use of the long rectus incision with proper walling off of the abdominal contents for satisfactory exposure. He believes this should be done before attempting to locate the pathological appendix.

Operative Treatment. — After the proper exposure of the area has been made suction should be used to keep the field clear and to avoid the use of sponges, which have a traumatizing effect on the tissue. Gentleness in the handling of the abdominal contents should be a watchword for all who do surgery in order to lessen the devitalization of tissue and to make convalescence more comfortable.

If a well localized abscess is found no attempt should be made to disturb it, but an extraperitoneal drainage should be done over the abscess. If the appendix can be easily removed this should be done after evacuation of the pus by suction. However, if the cecum is involved, drainage of the absess is the better choice, removing the appendix at a later date. Some men believe that the appendix should be removed in all cases but the majority feel that the conservative treatment tends toward a lowering of the mortality rate.

The meso-appendix should be ligated in sections rather than in one large mass. The procedure is safer because the ligating material may cut through the blood supply when ligated in one large section and may cause bleeding that may be difficult to control.

All are agreed that the appendix should not be crushed at the point of ligature. The stump should be treated with cauterization by phenol, iodine or electrocautery. Inversion of the stump with a purse-string suture still is a controversial issue. The method of choice in treating the stump by inversion or simple ligation with a non-absorbable ligature rests with the experience of the operating surgeon. The procedure which gives the best results should be his method of choice. When inversion is not done, the ileocecal pad should be brought over the stump or the meso-appendix can be brought over it if kinking of the ileocecal area does not result.

In the presence of generalized or local peritonitis the application of sulfonamides to the abdominal cavity has many advocates with excellent statistics to further their claim. However, there are those who oppose the use of these drugs in the peritoneal cavity with just as convincing statistics to prove the pitfalls in their use. The subject is still controversial and more observations will have to be made to settle the question.

Drainage is still an outstanding issue in cases of general and local peritonitis. Lahey[30] feels that when in doubt drain, placing the drain

down to the right gutter of the abdominal cavity and leaving it there for seven days. Meyers[34] feels that no drainage should be instituted in the abdominal cavity, but when the wound is markedly contaminated a drain should be placed in the wound only. There are advocates of both procedures in the articles reviewed, all with good results to support their use or non-use of abdominal drainage.

Postoperative Treatment. — In acute appendicitis, uncomplicated by local or general peritonitis or abscess formation, the postoperative treatment is important but relatively not difficult.

The complicated case presents a most serious problem to the surgeon in restoring his patient to normal health. Wangensteen drainage should be instituted immediately to place the gastro-intestinal tract at basal rest and avoid distention until normal peristalsis has returned, avoiding the use of such drugs as prostigmin and pitressin to induce abnormal bowel action.

Proper sedation is necessary to keep the patient comfortable and avoid apprehension, at the same time restoring bowel tone. Morphine sulfate is the drug of choice.

The importance of protecting the fluid and electrolytic balance cannot be stressed too strongly. Normal saline, glucose and Ringer's solution should be used judiciously, remembering to give only a limited quantity of normal saline. The body needs only five to six grams of sodium chloride daily, 1000 c. c. of normal saline contains nine grams of sodium chloride. Nitrogen balance can be maintained by the use of protein hydrolysate intravenously. Vitamin B complex, vitamin C and vitamin K are necessary to the well being of the surgical patient. Whole blood should be given to all who need it as it is the fluid of prime importance in restoring the body tissues to a normal level. Oxygen should be used whenever needed.

The use of penicillin and the sulfonamides has helped to combat infection and lower the mortality, but they should be used judiciously.

Enemas and purgatives should be avoided until in all cases, both complicated and non-complicated, normal peristalsis has returned. Most surgeons agree that when this normal function of the gastro-intestinal tract returns, only a low saline enema should be used.

Early ambulation can be instituted in uncomplicated cases but sound judgment should be used in all complicated cases.

SUMMARY

1. The mortality and morbidity rates from acute appendicitis is too high for the modern standards of surgery.

2. Early diagnosis and avoidance of cathartics will do much to reduce this high rate.

3. Proper pre-operative treatment of all cases with careful surgical treatment is stressed.

4. Electrolytic and fluid balances should be restored and free use of whole blood when indicated.

5. Judicious use of penicillin and sulfonamides is urged and the avoidance of peristaltic stimulants, with the use of Wangensteen drainage of the gastro-intestinal tract to keep it at rest and avoid distention.

7627 Lake Street

BIBLIOGRAPHY

1. Adams, E. A.: The Treatment of Appendicitis at the Burbank Hospital, Fitchburg, Mass. New England J. Med., 223: 55-57, 1940.
2. Arnehim, E. E., and Neuhof, H.: The Severer Forms of Acute Appendicitis with Special Reference to the Treatment of Appendiceal Abscess. Surg., Gynec. and Obst. 70: 42-47, 1940.
3. Aud, G.: Deaths from Acute Appendicitis in Louisville. South. Med. J. 34: 914-917, 1941.
4. Behrend, M.: Appendicitis. Am. J. Surg. 63: 90-95, 1944.
5. Bellas, J. E., and Auld, D. V.: Atypical Problems in Appendicitis. Illinois M.J. 83: 121-123, 1943.
6. Bower, J. O., Burns, J. C., and Mengle, H. A.: Induced Spreading Peritonitis Complicating Acute Perforative Appendicitis. Surg., Gynec. and Obst. 66: 947-961, 1938.
7. Bower, J. O.: Hyperacute Perforation of the Acutely Inflamed Appendix. Surg., Gynec. and Obst., 73: 123-125, 1941.
8. Boyce, N.: The Basic Problems of Acute Appendicitis. South. Med. and Surg. 103: No. 11, (Nov.) 1941.
9. Budd, J. H. and Watkins, R. M.: Sulfonamides in Appendicitis. Ohio State M. J. 39: 433-434, 1943.
10. Burke, J. and Kuhn, H. F.: The Treatment of Acute Appendicitis in a Municipal Hospital. Surg., Gynec. and Obst. 72: 578-581, 1941.
11. Busch, I. and Spivack, A. H.: Observations on Acute Appendicitis. Surg., Gynec. and Obst. 70: 241-245, 1940.
12. Cafritz, E. A.: A Newer and Safer Technic in the Management of Appendicitis with Perforation. M. Ann. District of Columbia 9: 197-202, 1940.
13. Carraway, C. N.: The Management of Patients with Appendicitis. J. Med. Assoc. State of Ala. September 1941.
14. Chipman, W. A.: Appendicitis. J. Michigan State Med. Soc. 45: 72-76, 1946.
15. Crile, G., Jr., and Fulton, J. R.: Appendicitis, with Emphasis on the Use of Penicillin. U.S. Nav. M. Bull. September 1945, 464-473.
16. Cutler, E. C., and Hoerr, S. O.: Acute Appendicitis. J. Michigan State Med. Soc. 41: 203, 1942.
17. Dennis, C., Mears, F. B., and Ramsay, B. H.: Treatment of Acute Appendicitis at the University of Minnesota Hospitals. Surg., Gynec. and Obst. 74: 1112-1117, 1942.
18. Emerson, A. H.: Acute Appendicitis in Infancy. Am. J. Surg. 59: 563-566, 1943.

19. Fairchild, F. R.: Acute Appendicitis. West. J. Surg., Obst. and Gynec. April 1932.
20. Fallis, L. S.: Management of Acute Perforated Appendicitis. Internat. Abs. Surg. 73: 510-512, 1941.
21. Gariepy, L. J., and Henley, P. G.: Acute Suppurative Appendicitis with Abscess Formation and Subsequent Perforation of the Anterior Abdominal Wall. Am. J. Surg. 70: 386-388, 1945.
22. Haggard, W. D., and Kirtley, J. A.: Treatment of Acute Spreading Peritonitis Following Ruptured Appendix. J.A.M.A. 114: 1843-1846, 1940.
23. Henley, R. B., and Haugen, N. L.: A Study of Acute Appendicitis with Perforation. Permanente Found. N. Bull. 2: 145-152, 1944.
24. Hoerr, S. O.: Factors in the Reduction of Mortality in Acute Appendicitis. Surgery, 22: 402-407, 1947.
25. Horsley, J. S., Jr.: Treatment of Acute Appendicitis. J.A.M.A. 115: 1250, 1940.
26. Hunt, V. C. et al: The Management of Acute Perforated Appendicitis. Internat. Abs. Surg. 73: 507, 1941.
27. Jackson, A. S., and Perkins, R.: Reducing Mortality of Perforated Appendicitis; 100 Cases. Am. J. Surg. 49: 250-258, 1940.
28. Jennings, J. E., Burger, H. H., and Jacobi, M.: Acute Appendicitis. Arch. Surg. 44: 896-911, 1942.
29. Kahle, H. R.: The Diagnosis of Acute Appendicitis. New Orleans Med. and Surg. J. 92: 490-494, 1940.
30. Lahey, F. H.: Technical Procedures Making Appendectomy for Gangrenous Appendicitis Safer. Surg. Clin. No. Amer. June 1942, 783.
31. Mason, M. L., et al: A Review of One Thousand Consecutive Appendectomies. Quart. Bull. Northwest. Univ. Med. School, 15: No. 1, 1, 1941.
32. McCallig, J. J.: Appendicular Obstruction: Its Clinical and Pathological Aspects. Surg., Gynec. and Obst. 73: 539-544, 1941.
33. McCreery, J. A., and Serrell, H. P.: Acute Appendicitis in a Suburban Community. Surgery 9: 349-357, 1941.
34. Meyer, K. A., Requarth, W. H., and Kosoll, D. D.: Progress in the Treatment of Acute Appendicitis. Am. J. Surg. 72: 830-840, 1946.
35. Mueller, R. S.: The Local Use of Sulfanilamide in the Treatment of Acute Appendicitis. Ann. Surg. 122: 625-630, 1945.
36. Newell, E. D.: Gangrenous Suppurative Appendicitis. Ann. Surg. 123: 900, 1946.
37. Norris, W. J., and Brayton, D.: Acute Appendicitis in Childhood; a Summary of Present Concepts. Calif. Med. 68, No. 3, 1948.
38. Powers, J. H.: Acute Appendicitis During the Later Decades of Life: Some Remarks on the Incidence of the Disease in a Rural Area. Ann. Surg. 117: 221, 1943.
39. Ransom, H. K.: The Management of Peritonitis Due to the Perforated Appendix. Internat. Abs. Surg. 73: 512-514, 1941.
40. Reed, W. C., Leone, G. E., and Word, B.: A Modern Method of Managing Acute Appendicitis with Rupture and Generalized Peritonitis. J. Indiana State Med. Assoc. 35: 307-312, 1942.
41. Reid, M. R., and Montanus, W. P.: Appendicitis. J.A.M.A. 114: 1307-1311, 1940.
42. Ridings, A. L.: Surgical Treatment of Ruptured Appendix. Texas State J. Med. 39: 384-386, 1943.
43. Schullinger, R. N.: Observations on Mortality from Acute Appendicitis at a University Hospital, 1916 to 1946. Ann. Surg. 126: 448-471, 1947.
44. Simeone, F. A., and Stewart, J. D.: Acute Hepatitis, Jaundice and Abnormal Bleeding as Complications of Acute Appendicitis with Perforation. New Eng. J. Med. 223: 632-634, 1940.
45. Snodgrass, T. J., Munn, W. A., and Flarity, T.: Thirty-five Year Survey of Appendicitis in Rock County. Wisc. Med. J., September 1943.
46. Spencer, J. H., Jr.: Management of Acute Suppurative Appendicitis in the Small Rural Hospital. Am. J. Surg. 61: 249-258, 1943.
47. Stafford, E. S., and Strong, D. H.: The Mortality from Acute Appendicitis in the Johns Hopkins Hospital. J.A.M.A. 115: 1242-1245, 1940.
48. Taylor, E. S., and Hodges, R. G.: Acute Appendicitis in Children. Surg., Gynec. and Obst., 73: 288-300, 1941.
49. Wangensteen, O. H., and Dennis, C.: The Production of Experimental Acute Appendicitis (with Rupture) in Higher Apes by Luminal Obstruction. Surg., Gynec. and Obst. 70: 799-806, 1940.
50. Ward, R.: Appendicitis with Complications. West. J. Surg. 48: 469-479, 1940.
51. Warren, R.: Primary Closure of Peritoneum in Acute Appendicitis with Perforation. Ann. Surg. 110: 222, 1939.
52. Welborn, M. B.: Acute Perforative Appendicitis. J. Ind. State Med. J. 33: 517-519, 1940.
53. Welborn, M. B., and Stubblefield, K. F.: The Intraabdominal Application of Sulfanilamide in Acute Perfora-

Forty-Two Cases of Poliomyelitis In Centralia, 1949

Herbert J. Levine, M.D.
Centralia

Forty-two cases of poliomyelitis were diagnosed and confirmed in private practice in a five week period in Centralia, Illinois. The period dates from July 3, 1949, to August 6, 1949. Five cases of hysteria in adults were also observed. The ages of the series of cases ranged from 3½ months to 28 years.

The diagnosis was based on history, symptomatology, and spinal fluid findings. There was one failure to obtain spinal fluid in an 18 year-old white female who presented clinical symptoms of polio. One male child, 3 years of age, who had spinal fluid findings of polio also had an associated pneumonia and nephritis. An-

other male child, aged 3 years, who had positive spinal fluid findings, expired from a toxic Encephalitis. The majority of these cases were not followed up after they had been transferred to polio centers in other sections of the state.

A larger number of adults developed polio than in previous epidemics in this area. The total number of adults were 5 females and 4 males with ages ranging from 18 to 28 years. There were no Negro patients. As in the 1946 epidemic and up to August 7, 1949, there were no cases of polio reported among the Negro population of Centralia. In 1946 Marion County had 64 cases reported for the year. In 1949, from July 3 to August 7, the total was approximately 87 cases—all of which were confirmed.

The following cases are cited, because, in the writer's opinion, sudden nervousness and irritability (mild or severe) associated with fever of unexplained origin, should not be neglected; especially, if polio has been reported in the area. All cases in this series which include preparalytic, paralytic, and bulbar polio exhibited some degree of nervousness and irritability.

Case I:

B. T., female child aged 5 years, was seen and diagnosed as bulbar polio. The child had been ill 6 days with fever, headache, vomiting, diarrhea, muscular twitching, and irritability. Spinal fluid revealed: cells 250; lymphocytes 90; globulin 2+; total protein 56 mgms. The child expired within 24 hours after being transferred to a polio center. The mother was asked why she hadn't taken the child to a physician earlier. The answer given was: "I thought my girl had worms."

Case II:

F. B., an 18 year-old white male, was examined in the office about 4 p. m., July 27, 1949. His chief complaints were: "Sudden fever (102. 4 degrees), and mild frontal headache." Complete physical and neurological examination did not reveal any of the symptoms of polio. He was examined approximately 20 hours later and again there was no clinical evidence of polio. He was transferred to St. Mary's Hospital in Centralia for further observation and study. A complete blood count was immediately made and the results were as follows: R. B. C. 4,930,000. Hb. 91%. W. B. C. 14,000. Polys 86% S tabs. Lymphocytes 14. Because of the fever, vomiting, and the white blood count surgical consultation was requested. Before the surgical consultant arrived to examine the patient, it was noted that the patient had developed sudden nervousness and irritability and a look of apprehensiveness. A Lumbar puncture was immediately made and the spinal fluid revealed 128 cells; polys 11; Lymphocytes 89; Total protein 60 mgms; globulin 1+.

The patient was transferred immediately to the Centralia Emergency Polio Center.* Within 10 hours after admission he had developed complete paralysis of the throat. He was unable to talk or swallow food or liquids. Diagnosis was bulbar polio.

Case III:

M. C., a white female aged 24 years, complained of fever and low backache for a period of 6 days. These were the only complaints. The patient was observed every day until the 6th day when it was noted that she had developed sudden nervousness and was very irritable when questioned. Her temperature ranged from 99 degrees to 99.6 degrees. As soon as nervous and irritable symptoms appeared, a lumbar puncture was performed and the spinal fluid revealed cells 27; lymphocytes 27; globulin trace; total protein 31 mgms. She was transferred as a pre-paralytic to polio center where the diagnosis was confirmed.

Case IV:

W. S., 18 year old, white male, was drinking a cup of coffee in a restaurant on August 2 when he suddenly developed paralysis of the right upper and lower extremity. He was examined in the office about 30 minutes later after the paralysis had developed. He gave a history of having had a slight frontal headache and fever the previous night. In order to rule out hysteria a lumbar puncture was made and the spinal fluid revealed cells 2; lymphocytes 2; globulin 1+; Total protein 52 mgms. Diagnosis was confirmed at polio center.

Case V:

A 5 year-old white female who had a history of fever (104.4 degrees), vomiting, and diarrhea

*The Centralia Emergency Polio Center was set up in the former Kenny Clinic in Centralia, Illinois, by Dr. Leonard Schuman, Chief of Cantagious Diseases, and by Dr. Norman Rose, District Health Officer, under the able leadership of Dr. Roland Cross, Director of Public Health for the State of Dr. Herbert Kobes of the Division of Crippled Children; Officials from the National Foundation for Infantile Paralysis, and Dr. G. N. Welch, Health Officer for the City of Centralia.

for two days. On examination she had marked faucial reddening and the tentative diagnosis made was follicular tonsillitis. She was kept under observation for 36 hours. It was then noted the child had developed muscular twitching and jerking and was quite irritable. She was referred to the Centralia Emergency Polio Center for further observation as a polio suspect. Diagnosis at the Center after lumbar puncture had been made was poliomyelitis, abortive stage with associated follicular tonsillitis.

Other observations noted are as follows: 11 cases gave a history of having had a sore throat 7 to 14 days prior to diagnosis of polio. 5 cases had non-purulent otitis media. 12 cases had evidence of chigger bites over the body and lower extremities. 8 cases revealed evidence of mosquito bites.

All patients in this series presented two or more of the following symptoms: fever, pain, headache, muscle tenderness, generalized weakness, stiffness of the back or neck, muscular twitching and jerking, nervousness, irritability, apprehension, and aching in the arms or legs.

Older children and adults complained of pain in the back of the neck and at times over the lower spine when the head was moved forward on the chest. These patients offered definite resistance to complete flexion.

CONCLUSION

During an epidemic of poliomyelitis one should:

1. Treat all acutely ill patients as suspects until a definite diagnosis is made.
2. Do a lumbar puncture when the slightest degree of neck rigidity is found.
3. Give careful consideration to any involvement of the nervous system during an acute infection.
4. Treat all individuals with fever as polio suspects until proven otherwise.
5. Examine all patients from head to foot.
6. Suspect sudden tremors of the hands as an important sign of polio.
7. Perform diagnostic lumbar punctures when in doubt.
8. Depend on clinical symptomatology as well as spinal fluid findings in making a diagnosis. There will be times when clinical findings will be the only basis for diagnosis of poliomyelitis.

The Battle for Survival

Mr. Clem Whitaker

I never face an audience of doctors..and medical representatives..without a deep sense of humility and a sharpened awareness of responsibility.

Perhaps because I am a Baptist minister's son, I have a strong feeling that all of us, if we are to justify our time on earth, should contribute, in some small way, to making the world a better place than we found it.

The medical profession certainly does that!

A good doctor, who lives up to the high ideals of his profession, leaves a lasting imprint on his community..and leaves it better in body and spirit than he found it.

Given at the Annual Meeting, Illinois State Medical Society, Chicago, May 16, 1949.

I say this in preface because Miss Baxter and I want you to know that we have great pride in representing you..and we think you're pretty wonderful people, despite what President Truman and Oscar Ewing say about you.

If the day ever comes in America when the medical profession has to bow to the dictates of politicians, we believe it will be a tragedy for the American people. But that day need not come, if we are alert to our responsibilities, and that is the reason American medicine is girding for war!

Just a week ago, Miss Baxter and I had the privilege of hearing a brief talk by a young British doctor, who tried to practice under the new British Compulsory Health Insurance Sys-

tem—and who finally decided that he could not, in good conscience, continue.

He is here now, in this country. He has renounced his British citizenship. He has taken out his first papers as an American citizen..and he is preparing to enter practice in our home State of California.

As I listened to this young man speak, knowing something of his past history..knowing the wrench that it must have been to forsake his friends and the country of his birth..I was deeply impressed with the unspoken story of heartache and tragedy which lay in the background.

For this young doctor was a veteran of the Royal Air Force. He was one of the young men of whom Winston Churchill said: "Never in history have so many owed so much to so few!" He had fought for more than four years, in the skies over Britain, for the defense of his homeland. And then he had flown over Europe, in the closing days of the war, to defeat his country's enemies and restore peace to his world.

But in private life, he was a doctor! He came home at 33, to find the socializers on the march in his own country..to find the way of life he had fought for seriously impaired.

He bought a medical practice, as doctors do in Britain, for $12,000..and borrowed $11,000 of the purchase price at the bank. He still owed most of that $11,000 when the Government suddenly announced that on a given day he must join the British Compulsory Health Insurance System, or his practice would be *valueless!*

The socializers say there's no compulsion in compulsory medicine.

You should hear this young man's testimony. Congress, I am happy to tell you, will hear it!

He had a wife and children. He knew only one way of earning a living. He was a doctor. And he owed the bank $11,000 for a medical practice which would be valueless if he didn't join up. So he pushed his convictions aside and he joined the Government system..and he tried desperately to make a go of it.

At the end of three months, as he relates it, he resigned..and boarded a ship for America. Why? Because he couldn't stomach it. Because he must either neglect his patients..rushing them through without either proper diagnosis or adequate treatment..or take fewer patients than would provide a decent living for his own family.

So with hurt in his heart, he abandoned the country for which he had fought..and came to our country, not just to protect his family, but because he knows the battle for liberty, if it is won, must be won here..in our America!

I hope with all my heart, as all of you do, that that young man's experience won't be repeated here.

It is our job..the job of everyone in this room..the job of everyone who believes in sound medical practice..to see that this doesn't happen here.

Now let's get down to cases. Let's look at our own country. Let's try to determine whether this *could* happen here!

In our country, Compulsory Health Insurance has not yet been enacted; the people have many misgivings about this revolutionary system; yet, the would-be commissars of the new medical hierarchy already are laying down the law, when there is no law, and are threatening economic reprisals against all who fail to comply with the law..even before it is enacted.

Let's be specific.

Here in Chicago, in this very hotel, John L. Thurston, assistant administrator of the Federal Security Administration, told the Tri-State Hospital Association less than two weeks ago that the hospitals either must go along with the Federal Government's program, or expect to be taken over.

There was no equivocation in what Mr. Thurston said.

He wielded a political club..and said, in effect: "Knuckle under, or we'll take you over!"

The British hospitals, he said, had been taken over by the Government because they opposed socialization, and then he added (this is an exact quotation):

"I realize it probably is wholly unnecessary for me, at this point, to belabor the obvious moral."

That, no one needs to remind us, is a defy!

Congress hasn't even acted on this proposal; no hearings even have been held—yet the bureaucrats in Washington already are wielding the big stick of Governmental authority and threatening to crack down on those who don't knuckle under.

These are the men who are determined to dominate American medicine. These are the

men who want to control the health of the American people.

I think it's about time we told off these petty bureaucrats who have forgotten that they owe their allegiance to the people of America who pay them their salaries.

I think it is high time we called a halt to their peremptory attempts to rule rather than serve.

You may not know Mr. Thurston. I don't know Mr. Thurston. But he works for us. We pay his salary..and his expenses..even when he travels around the country to propagandize against us.

How long are we going to tolerate that condition in Washington..and even more important, how long are we going to permit these little Caesars to run around the country and threaten the American people?

The time has come for a showdown..and the doctors of America should force that showdown..before it is too late.

If you wonder what political restrictions will be placed on your practice under political medicine, you don't need to wonder any longer. Mr. Thurston, who is reputed to be "the brains" of Mr. Ewing's Department, already has outlined the pattern. Either you join up, and supinely surrender, or the Government will take you over! That's what he told the hospitals..and that's what he has in store for the doctors.

Let's not delude ourselves about the ultimate outcome of this battle.

No Socialist State ever is satisfied with halfway measures. If Government Medicine comes to America, it will mean complete subjugation of American doctors..and their patients..to political overlords in Washington.

It will not only mean the end of the private practice of medicine; it will mean the beginning of the end of a free America.

In Britain, they began with Compulsory Health Insurance, on a modified scale, back in 1911. Since then, the cancer has grown. It has eaten up the Bank of England, the Cable and Wireless services, civil aviation, the coal industry, the transportation industry, the electric industry..and more recently the gas industry. The attempt to grab the steel industry is now under way.

Is that the pattern we want in America?

I don't think so . . . and I don't think, for a moment, that the American people will stand for it, once they know the true issue.

The Voluntary Way is the American Way—and the American people instinctively know that.

My partner, Miss Baxter, just has issued a new pamphlet under that title—"The Voluntary Way Is The American Way".

Soon millions of Americans will know that theme—and within another year there won't be any State in the United States without a vigorous promotion campaign for Voluntary Health Insurance.

American medicine isn't going to be content to beat a bill.

American medicine is going to resolve a problem.

We are going to give the American people health insurance—*real* health insurance—the American Way!

All over this land, doctors are learning to practice on the body politic—and are becoming very proficient in the art of political persuasion. We have the evidence of their work in our files—and every day brings a new deluge of letters, not just from the officers of Medical Societies, but from rank and file doctors everywhere who have enlisted in the fight to save their profession.

Perhaps you still wonder about the doctors who seldom attend their Medical Society meetings; about the doctors who are so completely absorbed in their practice and their academic and scientific pursuits—you wonder whether they will respond, now that the decisive battle is nearing.

We can give you some first-hand evidence on that score.

There are still thousands of doctors who apparently don't know their house is on fire, but every day a few more smell the smoke—and a few more join the fire department!

We are hearing from them at the rate of about 3,000 letters a week and we have no way of knowing, of course, how many thousands of letters, phone calls and personal enlistments are being received in county and State Medical Societies.

But let me give you a few clues as to how medicine is responding, even at this early stage of the campaign—and the magnitude of a Nationwide campaign, of course, means that it takes longer to get the wheels in motion.

Orders for the new poster of the Fildes painting, "The Doctor"—captioned "Keep Politics Out Of This Picture"—which is to be displayed in doctors' offices, as the keynote of our campaign, are rolling in at the rate of about *1,000* a day. And we are now filling the orders for this poster on the same day they are received.

Our objective is to have 50,000 of these posters actually up, on display in doctors' offices, within the next 60 days. If that goal is achieved, we will know that at least 50,000 doctors in America have joined the crusade to keep American medicine free—and you may be sure that President Truman and the members of Congress will know it, too!

But if we are really determined to build an impregnable defense against socialization; if we really want to command new respect for the medical profession in the halls of Congress and throughout the Nation, we can't stop when we achieve that objective.

Eventually—it may take six months, or even a year, to achieve this goal—we need 100,000 doctors' offices in America displaying the Fildes poster.

That means we need help from all of you—and all other leaders in medicine—in lighting the crusading fires.

To the men of medicine, this poster should become *a symbol of enlistment*—a notice to their profession and their patients that they have taken their stand against political medicine!

When that poster is on display, it should mean that no patient ever will leave that office before the doctor has taken a minute or two of his time to tell the story of Compulsory Health Insurance—and the disastrous results it would bring, if enacted in this country.

It should mean, too, that every patient who needs Voluntary Health Insurance will be encouraged by the doctor to get the type of coverage that best suits his requirements.

Because the poster will quicken interest of the people waiting in the doctor's reception room, Baxter has written a special pamphlet, with a miniature reproduction of the Fildes painting on the cover, which is now in distribution. It is a brief, popular treatment of the subject, which can be read on the run—and *two million copies* will be available for shipment to State and county Medical Societies within the next ten days. This pamphlet, which also can be used as a letter-enclosure, is designed especially for use in doctors' offices.

You may think, as you listen to these plans, that we want every doctor to become a campaigner—and every doctor's office to function as part of a Nation-wide pamphlet distribution system. Let's be frank: That's exactly what we want—and that's what your campaign desperately needs!

This isn't just another skirmish in the fight against socialization.

This is the decisive battle that will determine the fate of American medicine for generations to to come.

Within just a few days, the Congressional hearings open in Washington—and once they have started, there will be no letup in this fight until one side or the other has been decisively defeated.

The next two or three years will determine whether you are to remain in the private practice of medicine. *And if the decision once goes against medicine, there will be no turning back; there will be only a tightening of the lockstep you walk in!*

Your professional life is at stake! The health of America is at stake!

Our liberty—and everything we count important—is in jeopardy!

This isn't just a battle to save medicine. This is the most crucial battle that will be fought in our lifetimes—to save America, to turn back the tide of Socialism and despotism before it is too late.

This is an emergency—and we are calling all doctors!

It is without doubt the greatest emergency any of you ever have confronted in all your years of practice.

Not just one life hangs in the balance, but the life of a Nation is in your hands—a Nation that has become the last hope of all the liberty-loving people of the world.

Is it then too much to ask that every doctor become a campaigner?

There isn't a man or woman in medicine worthy of the high ideals of your profession who wouldn't respond to an emergency call if the life of a person, or a family, or a community was in danger.

But this emergency is so vast that it is hard to grasp.

If it is even hard to arouse many of the doctors of America, think how much harder it is going to be to arouse all the people of this country to the full implications of this struggle.

This truth we know—and this truth we must some way make America know:

When medicine is socialized; when doctors and their patients are regimented, the beginning of the end is in sight. It is one of the final, irreparable steps toward complete State Socialism. And at the end of that road is human degradation and misery . . . loss of incentive, loss of human dignity, loss of everything that means most to free men.

There are many men who will call us extremists when we make such statements—when we rip through the pages of obscure text in the Truman program and reveal the real intent of the act. They are cousins of the same men who saw no danger in Compulsory Health Insurance when it was first adopted in Great Britain. And today Britain is plunging headlong toward a regimented society that will blot out every vestige of liberty for the British people, unless the tide is turned back.

Perhaps some of your doctor friends, when you tell them about this—if they are impressed with the gravity of the issue—will exclaim: "What is A. M. A. doing about this?" "What is our National campaign headquarters doing?" "What happened to our $25?"

We want to answer those questions frankly, because every doctor has a right to know.

First, let us make one emphatic statement for the record, because A. M. A. needs your confidence and your aggressive support—and you need a militant, fighting A. M. A. leading this battle:

A. M. A. may have had many shortcomings in the past. It may still have some . . . because any great organization usually has. But the new A. M. A. that is leading this battle is a heads-up, fighting organization that will gladden your hearts. It has found that it can step militantly into this greatest public issue of our time, without sacrificing an iota of its dignity—or of its significance as a great scientific institution.

The Board of Trustees and the Coordinating Committee of A. M. A. to whom we look for authority in the management of the campaign, have backed us up every step of the way, even on difficult policy decisions which might bring down criticism on all of us. Dr. Elmer L. Henderson, Chairman of the Coordinating Committee in charge of the campaign, is a grand soldier, with a fighting heart and a tireless devotion to his his job. And Dr. Lull, the A. M. A.'s General Manager, whom most of you know, is as fine a General today as he was when he wore Uncle Sam's uniform.

We hope with all our hearts that out of this fight will come a strong, united medical profession, with confidence and pride in its leadership.

If, by this statement, I have given the impression that all is sweetness and light in National Headquarters—and that every day dawns brightly—I want to correct that impression immediately.

Since the first day we arrived in Chicago it seems there has been a crisis every hour, on the hour—with minor revolts and disruptions sandwiched in between. We never dreamed there could be so many internal problems in internal medicine! But some of the biggest disruptions and problems, which threatened the success of the campaign, have been entirely cleared away—and other serious problems are slowly yielding to treatment.

More than anything else, it is imperative that we have a united front—and that is one of the objectives toward which we have been working, with the warm-hearted backing of A. M. A.'s policy-making boards.

One policy that is firmly established is this:

There are going to be no punches pulled in this battle. If you read Dr. Henderson's reply to President Truman, you will know what I mean.

American medicine has been a whipping-boy for political demagogues far too long—and this fight can't be won by policies of compromise or appeasement. A few doctors thought we were too tough with the President, but most of the mail, I am glad to report, indicated that the doctors liked the militancy of Dr. Henderson's statement.

Already a shift has quietly started in this campaign—and medicine is gradually emerging from a defensive position. That shift won't be accomplished overnight, because the advocates of socialization, with The White House and the Federal Security Administration as sounding

boards for their propaganda, have powerful facilities to reach the people. But before this year is out, I think you will find a great change in public sentiment.

All of us in National Headquarters, since the campaign began, have been doing our utmost to broaden the front—and win new allies for medicine. That work is starting to pay dividends. The action of the General Federation of Women's Clubs in going on record against Compulsory Health Insurance was a stunning defeat for President Truman and Oscar Ewing. They had sent a staff of Government department heads and workers to the Convention, hoping to forestall our drive for Federation action in support of medicine's cause. Even Mrs. Roosevelt and Senator Pepper showed up at the Convention, but when the votes were counted only three of the 2,000 delegates supported the Truman program. That is a dramatic demonstration of the clear thinking of foremost women in this country. It is demonstration, too, of the power of doctors—and doctors' wives—when they really go to work ..and it should give all of us increased confidence.

Only a few days ago another powerful organization..the National Fraternal Congress of America, representing several hundred of the strongest lodges and fraternal orders in the Nation..also took its stand beside the medical profession and went on record against Compulsory Health Insurance.

The American Farm Bureau Federation, the National Grange, the American Legion, the American Bar Association—and scores of other powerful organizations—have come into the fight against socialization..so that medicine need not stand alone.

In the past 10 days, the list of organizations supporting medicine's position—in the country at large—has jumped from 178 to 518. The organization drive in the States and counties has rolled into high gear in most sections of the country, and we have as our objective here, too: By the end of the year, we hope there will be at least 5,000 organizations in America on record against Compulsory Health Insurance—and in favor of Voluntary Health Insurance.

Likewise the educational work with some of the powerful *National magazines* and newspapers, which had previously been unsettled in their position on this issue, has started to bring results. We're getting some barbs along with the editorial endorsements of medicine's position, but we *are* making progress—and overcoming misunderstanding and ill will of long standing.

When the chips are down, and the critical roll-calls come on this issue, I think you will find that medicine will have staunch support.

Now what about that $25? What's that going into? Thus far our expenditures have been camparatively modest, but our staff has been built and trained now, the presses are running, with orders that total millions of pieces, and costs are mounting!

If all goes well, we will issue and distribute *100 million pamphlets* during the next twelve months—probably the heaviest pamphlet barrage ever laid down in America, except during a presidential campaign.

That costs money. It takes a lot of $25 contributions to buy a million pamphlets—and nothing we issue is in quantities of less than a million. That's a minimum order when you are splitting the shipment between 48 States—and most of our mass-mailing pieces will run into many millions of copies.

Our opponents have criticized us for having too much money. But they would *pity* us if we didn't have the money! In a fight like this, no matter what we do, there'll be lots of bitter criticism. That's part of the breakage in a battle for survival—and this is that kind of battle.

No matter what this campaign costs in money, it will cost much more in time and energy—and in tireless work by doctors and thousands of others all over the country.

The $25 a doctor gives, in most instances, will be the smallest part of his contribution. The time he gives away from his practice; the evenings he spends away from his family, addressing opinion for his profession—these will all be costly contributions.

But no matter what the cost, in money, in energy, in frustrations and irritations, and even in damage to health, the cost will still be just a fraction of the terrific price we would pay if this fight were lost.

We have fought two world wars in defense of our liberty, so we have no illusions about the cost of freedom.

The *price* of liberty comes high—but the *loss* of liberty; that's a price none of us can afford to pay.

Let us give you this strong, personal assurance:

This fight *can* be won—it *must* be won! And it *will* be won!

And in the winning of it, all of you—and all of the other doctors, throughout America, who get into the battle—will contribute to the well-being of this Nation in greater measure than you ever have had opportunity to do before.

This is the greatest challenge any of us ever has confronted. With socialization running rampant all over the world, *we* have been given the task of reversing that trend. That's the stupendous responsibility—and the wonderful opportunity—which has been given the doctors of America. It is an opportunity to change the course of history. . .to defend our good way of life, and to leave a priceless inheritance to generations yet unborn. American medicine, I am confident, will be equal to the job!

Studies on a New Pyrogen Fever Treatment

Werner Lonsen, M.D. and
Erich Liebert, M.D.
Elgin

Since the introduction of fever therapy in the treatment of general paresis by Wagner von Jauregg artificially produced fever has been recognized as a standard treatment in state hospitals. Because of the hazards connected with malaria inoculation various attempts have been made to induce fever by other methods to minimize undesirable side reactions and the severe exhaustion in already physically and mentally debilitated patients. Rat bite fever, cabinet heat, and particularly typhoid vaccine have gained wide acceptance as substitutes.

About 1½ years ago the Chemical Department of the Northwestern University Medical School Laboratory called our attention to a new form of pyrogen which had been developed by Dr. Ginger and Dr. Riegel. It is a substance free of protein and free of micro-organism which has the ability to produce a temporary elevation of temperature in animals without any undesirable side reactions. Microscopic examinations of organs of animals sacrificed after a long course of fever treatment or after extremely large doses of this material had been injected did not show any signs of permanent damage. After the drug had been sufficiently tried out in animal work we thought it safe to use it in the treatment of general paretic patients admitted to the Elgin State Hospital. The fact that it seemed to produce constant and reliable fever reactions even when only a very small amount of this material was administered — only a few micrograms are necessary — and since no toxic material was present in this substance we thought that such a drug would be of value in the treatment of general paresis, and would have definite advantages over other forms of fever treatment if the results would compare favorably with those obtained with malaria and typhoid vaccine.

This pyrogen now is manufactured under the name of Pyromen and was furnished us by the Chemical Laboratory of the Northwestern University. We want to thank Dr. Riegel and Dr. Ginger for their interest and collaboration in this study.

We subjected an unselected group of 48 neurosyphilitic patients, men and women, white and

From the Elgin State Hospital, Elgin, Illinois.

Presented before the Physicians Association, Department of Public Welfare, State of Illinois, 108th annual meeting, Illinois State Medical Society, Chicago, May 10-12, 1948.

colored, between the ages of 25 and 65, to a course of Pyromen fever treatment. Such a course involved usually 30 fever hours over 103°. In twenty-nine of these forty-eight patients no other form of fever treatment was given while nineteen received typhoid and Pyromen fever treatment combined in order to compare the reactions to typhoid and Pyromen in the same patients. In most patients a satisfactory fever reaction could be obtained ranging from 103° to 105° and even higher. A few of the patients did not respond satisfactorily with a high elevation of temperature. It was interesting to note that the same patients also did not get a satisfactory fever reaction with large doses of typhoid vaccine. Sometimes a single dose did not always keep the temperature elevated over a sufficiently long period of time and since a temperature rise of about 103° for 4 hours a day is generally desired a divided dose treatment was instituted. Our present regime is as follows: At 9:00 A.M. the patient receives 1 cc. of Pyromen intravenously containing 50 micrograms of the drug per cc. Twenty minutes later a second dose of 2 cc. is given. The second dose is usually increased each time by 1 cc., keeping the initial dose constant at 1 cc. The patient received this treatment 3 times weekly. With this regime we hardly had any failure and the fever obtained in most cases was sufficient. Forty-five minutes following the second injection the patient has a severe chill which lasts about 20 to 30 minutes, the temperature rises rapidly. The rise is uniform and the fever extends on the average of three to four hours, but sometimes six to seven hours, of fever above 103° can be obtained. Only occasionally vomiting occurred as a side reaction and now and then the patient complained of headaches or mild aching in his limbs during the fever reaction.

The temperature could always be reduced to normal by the usual methods, for instance the administration of icebags, cold enemas, alcohol sponge, aspirin, etc.

The twenty-nine patients who received Pyromen alone had on the average ten injections, the others five to six injections. Three to five months after completion of the treatment the results shown in Table 1 were obtained.

An amelioration of the spinal fluid findings was striking in almost 70% of our cases and compared favorably with the results obtained with malaria and typhoid fever vaccine. Table 2 shows the decrease in the spinal fluid protein and of the cell count about 2 to 3 months after the course.

Because of the fact that this material was used for the first time in humans special attention was paid to undesirable side reactions. During the fever reaction the pulse rate increased usually in proportion to the fever. The systolic blood pressure showed often a slight increase and the diastolic blood pressure decreased 10 to 15 mm.

TABLE 1
CLINICAL RESULTS AFTER TREATMENT WITH PYROMEN

(Patients had between 21 to 36 fever hours)

	Markedly Improved	Moderately Improved	Unimproved	Discharged
24 men	19	2	2	14 (one escaped)
5 women	4	1		3

CLINICAL RESULTS AFTER TREATMENT WITH PYROMEN COMBINED WITH TYPHOID VACCINE

	Markedly Improved	Moderately Improved	Unimproved	Discharged
15 men	5	6	4	5
4 women	3	1		3

TABLE 2

	Name	Cell	Total Protein mg%	Gold Curve
	E.M.			
Before		22	45	5554321100
After		4	37.5	5321111000
	V.C.			
Before		4	39.0	2211000000
After		3	34	2111100000
	E.C.			
Before		6	59	5554321100
After		5	40	4432211000
	B.D.			
Before		39	48	3332210000
After		12	44	3343111000
	W.S.			
Before		15	51.5	5555432110
After		5	41.0	3432110000
	F.M.			
Before		14	65	5555543211
After		4	41	4444321100
	S.J.			
Before		11	57	5555543321
After		5	40	4444432100

TABLE 3

BLOOD COUNT CHANGES DURING PYROMEN TREATMENT

12/17/47	A.Y. W.B.C.	BASO	EOSINO	MYELOS	JUVENILE	STABS	SEG	LYMPHO	MONO
8.45 A.M.	8900					4	57	38	1
9:40 A.M.	6300		1			1	62	36	
10:10 A.M.	8300					5	72	23	
10:40 A.M.	8400		1			4	71	24	
11:10 A.M.	8100					6	73	21	
11:40 A.M.	6700					8	80	12	
12:10 P.M.	6800					9	80	11	
1:15 P.M.	14300					11	78	11	
2:00 P.M.	15700				1	18	77	4	
3:00 P.M.	21000					14	77	9	
4:00 P.M.	18000				2	17	75	6	
5:00 P.M.	12800				1	16	79	4	
6:00 P.M.	12100				1	14	76	9	
7:00 P.M.	13900				1	13	77	7	
8:00 P.M.	13600				1	11	78	10	
9:00 P.M.	18050				1	14	75	10	
10:00 P.M.	13800				1	18	73	8	
12:00	11100				1	11	78	10	
12/18/47									
2:00 A.M.	22000				2	14	77	7	
8:00 A.M.	28400				1	11	77	11	
10:00 A.M.	22400					12	69	9	
6:00 P.M.	26000			2	5	14	76	3	
12/19/47									
	9400					6	67	27	
12/17/47	J.S.								
8:45 A.M.	8400		1			2	51	39	1
9:40 A.M.	5500		1			2	57	40	
10:10 A.M.	8300					4	57	39	
10:40 A.M.	6700					5	78	17	
11:10 A.M.	7500					6	67	27	
12:10 P.M.	10300				1	8	82	9	
1:15 P.M.	15300				1	26	68	5	
1:45 P.M.	13500					14	79	7	
2.00 P.M.	15400					12	79	9	
4:00 P.M.	23000				2	12	78	8	
8:00 P.M.	26650				1	14	78	7	
9:00 P.M.	26400				1	12	75	11	
10:00 P.M.	23800			1	5	15	70	7	
12:00 P.M.	26400				1	14	74	11	
12/18/47									
2:00 A.M.	29400				2	12	78	8	
12/18/47	J.S.								
6:00 A.M.	30200					9	71	12	
10:00 A.M.	27600					8	74	11	
12:00 Noon	26400			1	4	19	67	9	
12/19/47									
	11600					3	67	30	

hg. The blood sugar, N.P.N., and calcium were not influenced in any marked degree and these values returned to the normal shortly after the fever reaction. No permanent kidney or liver damage was detected. The urine showed at times, as we see it in other forms of fever treatment, a trace of albumin, some hyaline casts, and in a few patients a few granular casts, but all these findings disappeared as soon as the treatment was completed.

Periodic blood counts were taken before treatment was started and in one half to one hour intervals thereafter. Table 3 gives some data regarding the changes observed.

The blood count revealed that very soon after the injection the number of white cells decreases and that the initial decrease is followed by a profound increase of leucocytes with a marked shift to the left. The number of lymphocytes decreases. The leucocytosis reaches its maximum at approximately ten to fourteen hours after the injection of the drug. The blood changes return gradually to pre-febrile levels within thirty to forty-eight hours.

In general we had the impression that Pyromen was safe in the treatment of general paretics, although we had one fatality which occurred ten days following the treatment. However, we thought that Pyromen was not responsible for the death.

The patient was a fifty-two year old man who entered the hospital in a very poor mental condition and was suffering from a cord bladder and when admitted already had a slightly increased N.P.N. (40.3). His very poor mental condition gave the indication for fever treatment. Very shortly after the first injection the patient developed a temperature of 103. The temperature remained high during the next few days. The N.P.N. in the blood rose to 260 and although the N.P.N. gradually decreased the patient expired ten days later. There are many reports in the literature describing the danger of fever therapy in patients suffering from cord bladder. In all these patients the fever response seemed to be exceptionally high.

CONCLUSIONS

Our conclusions are that Pyromen is a new drug which has the ability to produce fever artificially. This drug is not a protein. It is free from bacteria and is free from toxic material. It effects safely a mobilization of the body defenses. This drug has proved its usefulness in the treatment of neurosyphilitic patients. The results compare favorably with those obtained with malaria and typhoid fever treatment. It has in our opinion the advantage over malaria insofar as it is less dangerous and less exhausting to the patient. In the method described above a good fever response can be expected in most of the patients and even colored patients respond well to this treatment. We also did not find any difficulties in giving it to patients over 60 years of age. Since Pyromen is not a protein, does not contain any toxic substances, and gives results with infinitesimal amounts it has to be considered as superior even to typhoid vaccine.

We recommend this form of therapy in the general use of fever treatment. In the way described above no undue hazards have occurred and the response as far as the improvement of the patient is concerned is as good as any other form of fever therapy.

DISCUSSION

Dr. L. G. Ginger, Evanston, Ill.: As a biochemist, it seems appropriate for me to begin the discussion of this paper with a few brief remarks about the chemistry of pyrogens and, in particular, about the drug PYROMEN, which was employed in this clinical study.

Dr. Lonsen has pointed out that crude typhoid vaccine has been used for years to elicit therapeutic fever. Recently, various investigators have published papers concerning the extraction and purification of the active factor, that is, the pyrogenic factor, from a number of strains of bacteria. Such preparations have seen very limited clinical usage. The methods of isolation employed by these investigators appear to have one thing in common, namely, the removal or destruction of protein. It is generally agreed that pyrogens are polysaccharides.

Thus, there appeared to be a very definite need for the preparation, in quantity, of a purified pyrogenic material to replace crude typhoid vaccine for the therapy of afflictions where hyperpyrexia is indicated. Dr. Byron Riegel and I embarked upon such a preparative program at Northwestern University's Chemistry Department at Evanston with the aid of a number of graduate students, in particular, Paul Anthony and Catherine Marx. This effort was made possible by financial support received from the Baxter Laboratories and by close scientific cooperation with Dr. N. M. Nesset of that organization. We worked principally with a *Pseudomonas* species. The methods described in the literature, in modified form, were used to isolate and purify the active pyrogenic factor, which we have called PYROMEN. We have found, in accord

with other investigators in this field, that this pyrogen is not a protein but some sort of polysaccharide. Studies are now in progress on the complex chemical structure of Pyromen, and we hope to be able to publish these studies very shortly.

The effectiveness of Pyromen in laboratory animals has been studied in detail by other groups. Physiologic findings, e.g., fever onset and duration, changes in the blood picture, etc., are quite similar to those just reported in humans by Dr. Lonsen. It is significant that the drug will elicit fever in the rabbit at the extremely low dosage of 0.1 microgram (that is, one-tenth millionth of a gram) per kilogram of body weight, whereas the LD_{50} in mice is slightly over 8,000 micrograms per kilogram, showing a very wide margin of safety.

The therapeutic benefit derived from pyrogen induced fever is apparently attributable to two factors: 1) a bactericidal effect caused by the increase in body temperature, and 2) an accentuation of lytic phenomena associated with the profound leucocytosis which always follows the fever. This issue seems worthy of further study.

It has been particularly gratifying to have collaborated in this work with Dr. Lonsen. He is to be commended for their patience and perserverence in establishing the dosage and the method of administration of this new drug in the therapy of neurosyphilis.

Dr. Louis Olsman (Chicago State Hospital): What is the effect of the drug on the red blood cells, late after the therapy has been completed, perhaps months after the therapy has been completed?

Secondly, what kind of a white count do you get weeks and months after your course of therapy has been completed? And Dr. Ginger, are these polysaccharides similar to the ones being used in the experimental tumors and malignancies, or is not that a fair question?

Dr. L. G. Ginger, Evanston, Ill.: Concerning the use of bacterial polysaccharides, I assume you have reference to Shear's work. His preparation will elicit fever in experimental animals but it is quite toxic. I suppose the fundamental question involved is: are all bacterial pyrogens the same? I am afraid there is no data on that. I would say no.

One of the things we hope to do in the near future, once we have completed our methods for purifying the pyrogen from the bacterial source we are now studying, is to extend that work and include all sorts of bacteria. That is in the future.

Dr. Lonsen: Blood counts which were taken about three months after completion of treatment didn't show any change in the red blood count and the white count, the number of white cells was always normal, or at least it didn't show any change in comparison to the picture which the patient showed before the treatment was started.

TEACHING THE "SOUTHPAW"

Many apparently left-handed primary grade children may be successfully taught to write with the right hand. When writing begins they should all be so taught, because the use of the right hand fits in better with the left-to-right direction of writing and also because it conforms to the custom of the majority and hence is easier psychologically. If, however, a child objects strenuously or develops signs of nervous strain, of which stuttering may be one, the attempt should be abandoned at once, and he should be allowed to use his left hand without criticism.

Those who are taught to write with the left hand should be shown the proper position of the paper, which is slanted with the top border to the right instead of to the left as is usual. It is often necessary to drill them in the use of this position, since otherwise they are likely to imitate their right-handed neighbors. They should also be allowed to write with a slight backhand slant if they so prefer.—*Excerpt, New England Journal of Medicine*-240:7, *Feb.* 17, '49, *Right or Left-Handedness: A Practical Problem, Richard S. Eustis, M.D.* (*Chesham, N. H.*) *P.* 249.

CASE REPORTS



Antenatal Thrombosis

Manuel Weiss, M.D. and
Samuel J. Turner, M.D.,
Chicago

While thrombosis of the superficial veins occurs frequently in pregnancy, especially in women affected with varicosities, spontaneous antenatal thrombosis of the deep veins of the lower extremities is a rare complication. Westmann[1] states that the incidence of antenatal thrombosis is 0.1% in contrast to 5.0% for puerperal thrombosis.

We are herein reporting such a case history which in addition to its rarity, presented a difficult therapeutic problem.

J. B. (History No. 164023), 25 years old, married, white primigravida 30 weeks pregnant was admitted to the hospital on September 16, 1947 with complaints of pain in the left sacroiliac region radiating down the back of the thigh as far as the popliteal space. The temperature was 102°, blood pressure 110/70 and weight 143 pounds. Her pre-natal course was uneventful until two days prior to admission when the above pain occurred. This was associated with a feeling of compression around the left thigh and exquisite tenderness along the course of the femoral vessels. Her past medical history revealed rheumatic fever at ten years of age and chronic left otitis media. There was no familial or personal history of diabetes, scarlet fever, kidney, nervous or mental disease. Menarche occurred at 13 years of age and her last regular menstrual period was January 25, 1947. The pre-natal record indicated that her physical condition prior to this development was excellent. The pelvic measurements were: interspinous 26 cm; intercrestal 29 cm.; intertrochanteric 34 cm.; external conjugate 20 cm.; transverse of the outlet 10.5 cm.; the conjugata vera was over 12 cm.

Laboratory examinations during the entire course of her pregnancy were essentially negative although her initial blood count showed a moderate anemia: RBC 3,720,000; WBC 8,250 HB. 73%. She had blood type IV-0, Rh factor positive and serology negative.

Physical examination at time of admission revealed a patient 7 months pregnant with a fetus

From the Department of Obstetrics of the Chicago Medical School and the Mount Sinai Hospital.

of the size commensurate with the estimated state of gestation. The measurment of the left thigh was 1½ inches larger in circumference than the right. The left thigh and leg showed increased warmth with cyanosis and mottling of the skin. There was no pitting edema. The most exquisite tenderness was along the course of the internal saphenous vein. Homan's sign was strongly positive. The tenderness of the left sacro-iliac joint was of moderate severity. Neurological examination was essentially negative. X-ray revealed no bony pathology. Diagnosis at this time was thrombosis of the internal saphenous and femoral veins.

Immediate anti-coagulant therapy was instituted. The patient received an initial dose of 300 mgms. of heparin in Pitkin menstruum, plus 200 mgms. of dicumerol. Coagulation and prothrombin index determinations were made daily. The dicumerol was continued until the patient's prothrombin index became 30% of normal. After ten days of the above therapy with no improvement of the subjective complaints or objective findings, surgical intervention was deemed necessary.

An exploration, under local anesthesia, of the left femoral vein in Hunter's canal was performed by Dr. J. T. Gault. Incision of the femoral sheath revealed extensive periphlebitis of the left superficial femoral vein which was intimately adherent to the femoral artery. A transverse incision over the anterior surface of this vein was made. No free bleeding ensued and several clots were expressed by digital pressure. Following this, a glass rod aspirator was used to suck out the remainder of clots both distal and proximal to the incision in the vein until free bleeding occurred. The vein was doubly ligated and severed and the wound closed in layers. The patient experienced relief almost immediately.

Dicumerol therapy was continued for eleven days after surgery. One week post-operatively the patient was allowed out of bed, experiencing only slight tenderness over the incision and a minimal amount of swelling. On 10-8-47, 22 days following admission and 12 days after operation, the patient was discharged in good condition. Fetal heart tones were 148 per minute and of good quality.

She was readmitted on 10-27-47 at term and in labor. After a 3 hour first stage and 20 minute second stage, a normal living male child weighing 7 pounds, was delivered spontaneously. The third stage of labor lasted 4 minutes and was uneventful. Cord blood was obtained for the determination of clotting and bleeding time and was found to be within normal limits. The baby then received 5 mgms. of vitamin K intramuscularly. Within 6 hours following the delivery the patient was ambulatory. She was discharged with her baby on November 2, 1947 — 6 days following delivery and in excellent condition.

DISCUSSION

Goldsborough[2] in 1904 reported one case which ended fatally and collected ten other cases from the literature. In 1937 Kahr[3] reported four cases and referred to Holzmann's case in 1924 which succumbed to pulmonary embolism. Maxwell[4] reported a single case in 1943 and Steiner[5] in 1945 added another. With the exception of Stander[6] no recent textbook of obstetrics makes any reference whatsoever to deep vein thrombosis complicating the prenatal period

The exact etiology is unknown. Brown, cited by Maxwell[4] mentions varicose veins as a predisposing cause, while Bacon[7] in 1903 postulated the theory that continued uterine contractions dislodged placental masses which formed rudimentary emboli or perhaps altered the blood composition. Westmann[1] states that women who incline to varicose veins, thrombosis and embolism, possess inferior cardiovascular systems, most probably as the result of endocrine deficiency. In his studies he found that fifty percent of cases with thrombophlebitis have a late menarche indicating hypofunction of the endocrine system. Veal and Hussey[8] place the responsibility on such factors as the size and position of the uterus, the length and motility of the supporting ligaments, the size of the pelvis and the tone and development of the abdominal musculature. Steiner[5] reported the successful employment of lumbar sympathetic block which in turn supports the concept of vasospasm as an etiologic factor. The condition known as primary idiopathic thrombophlebitis of the recurrent type was reviewed by Barker[9] in 1936 at the Mayo Clinic.

The accompanying table includes seventeen cases of deep vein thrombosis as reported in the literature since 1900. A number of pertinent conclusions can be drawn: Age and parity play

Reported by	Age	Parity	Period of Gestation	Fever	Affected Part	Effect on Labor and Delivery	Etiology
Brindeau (10)	33	III	8th Month	0	Left femoral vein	None	Intercurrent infection
Bonnet Laborderie (11)	27	I	8th Month	0	Left internal saphenous	None	?
Beaudry (12)	28	II	7½ Month	?	Right internal saphenous	None	?
Bradford (13)	?	?	Term	?	Right leg and thigh	Incomplete account	?
Gripat (14)	32	VII	End of 3rd Month	0	Right femoral and left leg	Reported at 8th month — child still unborn	Anemia and albuminuria
Dickinson (15)	30	I	8th Month	?	Left leg and thigh	?	?
Audebert (16)	40	II	6½ Month	?	Left femoral vein	None	?
Saint-Ange (17)	?	?	1st Month	0	Left femoral vein	Miscarriage at five months	?
Commandeur (18)	?	III	5th Month	0	Right leg	None	?
Bacon (7)	23	I	8th Month	+	Left femoral vein	None	Placental mass theory
Goldsborough (2)	29	I	Term	+	Left Common iliac	Operative delivery fatal	Pressure thrombosis
	34	III	7½ Month	?	Right leg	None	Intercurrent infection
Kahr (3)	38	V	3rd Month	?	Left leg	Premature Del'y	?
	45	II	6th Month	?	Left leg	None	?
	28	I	Term	?	Left leg	None	Old Rheumatic fever
Maxwell (4)	?	IV	7½ Month	0	Saphenous system — both thighs	None	?
Steiner (5)	36	I	3rd Month	0	Left lower extremity	None	Prolonged bed rest for threatened abortion stasis?

no significant role; the greatest frequency of this complication occurs during the last trimester; the left lower extremity is affected twice as often as the right; fever occurs rarely; pulmonary embolism may be a fatal complication; the effect on labor and delivery is minimal after the thrombosis is controlled.

SUMMARY AND CONCLUSIONS

The case presented had a thrombosis of the left femoral and left saphenous veins which occurred without any apparent cause during the seventh month of gestation. No relief was obtained from the use of anti-coagulants. The prothrombin index was maintained at 30% of normal for a period of 10 days. However, aspiration of the clots and ligation of the involved veins resulted in immediate disappearance of the subjective complaints. Anti-coagulant therapy was continued for 10 days post-operatively. The patient was discharged from the hospital in excellent condition 12 days after the ligation. Following the surgery for control of the thrombotic process, there was an uneventful delivery of a normal, living 7 pound male infant.

The use of heparin and dicumerol apparently caused no apparent injury to either the mother or the baby. It was the combination of vein ligation plus anti-coagulant therapy which gave the desired results.

REFERENCES

1. Westmann, Stephen K.: Thrombophlebitis in Obstetrics and Gynecology. Lancet 1, 421, 1936.
2. Goldsborough, F. C.: Thrombosis of the internal iliac vein during pregnancy. Johns Hopkins Hospital Bulletin. 15: 193, 1904.
3. Kahr, H.: Uber Thrombophlebitic in die Schwangerschaft im besonderen Honblick auf die geburtsleitung. Wien Med. Wschschr. 87: 564, 1937.
4. Maxwell, J. P.: Antenatal thrombophlebitis. J. Obst. and Gyne., British Emp. 50: 299, 1943.
5. Steiner, M. D.: Aseptic Antenatal Thrombophlebitis (phlebothrombosis); New Orleans Medical and Surgical Journal. 97: 385-388, March, 1945.
6. Stander, H. J. Williams: Obstetrics. A textbook for the Use of Students and Practitioners. Ed. 8, New York and London, 1941, D. Appleton-Century Company, Inc.
7. Bacon, C. S.: Phlegmasia Alba Dolens during pregnancy. Amer. Jour. Obst. and Diseases of Women and Children. 45: 518, 1903.
8. Veal, J. R., and Hussey, H. H.: The Venous Circulation in the Lower Extremities During Pregnancy, S. G. and O. 72: 841, 1941.
9. Barker, N. W.: Primary Idiopathic Thrombophlebitis. Arch. Internal Medicine. 56: 417, 1936.
10. Brindeau, J.: Cas de phlegmasia alba dolens pendant la grossesse. L'obstetrique, 1900, V, 417-420.
11. Bonnet, F. laborderie A.: Phlegmasie alba dolens survenne au huitieme mois d'une grossesse normale. J. de Sc. Med. de Lillie, 1903 I, 344-347.
12. Beaudry, G.. Phlebite traumatique suivie de la guerison spontanee de varices durant la grossessee. Union Med. du Canada Montreal, 1875, IV, 388.
13. Bradford, T.: A Singular Case of Phlegmasia Dolens occuring before delivery and effectually arresting the progress of parturition. St. Louis M. & S. J. 1858. XVI, 210.
14. Gripat: Observations de grossesse; albuminurie; phlegmasia, alba dolens double. Bull. Soc. de Med. d'Angers, 1889 M.S. XVII, 84-90.
15. Dickinson: Some observations and examples of phlegmasia dolens in the puerperal, gravid and unimpregnated states and also in the male. Med. and Chir. J. Lond. 1819-1820, II, 116-131.
16. Audebert: Phlebite pendant la grossesse. Echo. Med. Toulouse, 1901 XV, 124-126.
17. Saint-Ange, L.: Un case de phlegmatia alba dolens pendant la grossesse. Arch. Med. de Toulouse, 1896, II, 193-203.
18. Commandeur: Phlebite de la grossesse compliquee de embolies pulmonaires; traite par la methode des abces de fixation. Echo. Med. Toulouse, 900, 2s XIV, 356-358.

Acute Hydramnios

Joseph B. Teton, M.D., F.A.C.S.
Chicago

Hydramnios, an excessive accumulation of amniotic fluid in pregnancy, may manifest itself as either a chronic or an acute disorder. Authorities do not agree as to the exact limit of the normal amount, but in general consider any amount above two liters abnormal.

The incidence of chronic hydramnios has varied in the reports of different clinics, but the average seems to be about one in every two to three hundred pregnancies. Acute hydramnios is considered rare; it is estimated to occur once in 12,000 births.

Presented before the Clinical Meeting of the Chicago Gynecological Society at the Research and Educational Hospital, University of Illinois, February 20, 1948.

The etiology of hydramnios is obscure. Many causative factors have been suggested. In over fifty per cent of the cases hydramnios is associated with gross malformations of the fetus. Some of the etiological factors frequently listed are inflammations or infections of the amnion — Goodall believes this will explain the formation of hydramnios as well as the type of associated anomalies. Also suggested have been (1) increased renal activity with accumulation of fetal urine (although this is disputed by a number of authorities including Rivac, De Lee, etc.); (2) conditions obstructing venous circulation in the fetus; (3) twin pregnancies, particularly the uniovular variety; (4) maternal diseases, including cardiac or renal failure leading to edema of the placenta with increased transudation into the amniotic sac.

Our interest in the problem of hydramnios was intensified by the following case:

The patient was a 27 year old white woman, whose past medical and surgical histories were essentially negative. Her obstetrical history included an uneventful pregnancy and delivery of a nine and one-half pound male in 1943. This child died three years later of a lymphatic leukemia. In 1945, at two and one-half months the patient had a spontaneous abortion. On January 21, 1947, she was delivered by low forceps and episiotomy of a normal seven and one-half pound living female and had an uneventful puerperium. She returned in six weeks for her post-partum check-up, at which time all findings were essentially negative.

On June 3, 1947, the patient was first seen at the office with the story that following her delivery in January she had two normal menstrual periods, the last one occurring on March 15. At this time she had no other complaints. Pelvic examination disclosed a uterus the size of about two and one-half months' gestation. The remainder of the physical examination was essentially negative.

She made her second office visit five weeks later, at which time the fundus was found to be midway between the symphysis and umbilicus, consistent with a diagnosis of a seventeen week gestation. Fetal movements were perceptible.

Her next visit was on August 1, 1947, twenty weeks since the onset of her last menstrual period and three weeks since her last office visit. At this time the uterus felt very tense, was enlarged far beyond the normal growth at this stage. The fundus measured over 32 cm. above the symphysis. The fetal heart tones could be obtained, although the sounds were barely audible. The patient who had weighed 137 pounds at her visit three weeks before, now weighed 144 pounds, but her blood pressure was normal and the urinalysis negative. She complained of tiring very readily and of slight dyspnea on exertion.

The patient was placed on a salt-free diet and asked to return in a week. She returned on August 19, three weeks later. At this time she complained of marked ankle edema and pronounced dyspnea. Her weight was now 153½ pounds, an increase of nine and one-half pounds in three weeks. Her blood pressure and urine were normal. The abdomen measured 103 cm. in circumference at the level of the umbilicus and gave the impression of a multiple pregnancy several months past term. No fetal parts could be outlined at this time nor were the fetal heart tones or movements perceptible. An x-ray of the abdomen was obtained the same day and the report read: "Marked, circumscribed increase in density of the abdomen and pelvis. Fetal skull noticed in the pelvis, age about four and one-half to five months."

In an effort to relieve the maternal distress it was debated whether the intra-uterine pressure should not be relieved by puncture of the amniotic sac through the abdominal wall, as advocated by Louis Rivett of London. But this procedure entails certain obvious difficulties and the possible danger of (1) carrying infection into the uterus, (2) of perforating the mother's intestine, (3) or opening a large blood vessel in the uterine wall with subsequent hemorrhage, or (4) that the placental attachment may be separated with serious bleeding. While Rivett minimizes these dangers he admits that the separation of the placenta has occurred in several of his cases, and that despite the transabdominal gradual withdrawal of liquor, a certain number of patients do go into labor and since, as he pointed out, "in most cases the excess of liquor will reaccumulate in three to four weeks and the whole procedure will have to be repeated again and again."

Because of these considerations it was decided to try the ammonium chloride management

which proved so uniformly successful in the hands of Abrams and Abrams, as reported by them in August 1946. In the two cases of hydramnios they report in detail, both cases were characterized by an excessively large uterus, tense abdomen and excessive gain in weight. Ammonium chloride, seven and one-half grain tablets, were prescribed and continued for a week. At the end of the week they reported that the excessive size of the abdomen was reduced, fluid output increased, weight decreased, and both pregnancies progressed normally and normal, healthy children were delivered.

Our patient was placed on four, seven and one-half grain, enteric coated tablets three times a day for eight days, i.e. 90 grains daily. At the end of a week the patient's weight had increased another two pounds and the circumference of the abdomen had increased from 103 cm. to 106 cm. The dyspnea was much more marked and she had to sit erect in bed in order to breathe. The ankle edema was 4+.

In view of the failure of the ammonium chloride therapy and in order to relieve the maternal distress, it was decided to rupture the membranes through the cervical canal.

The patient was admitted to the Henrotin hospital and on August 27, 1947, she was removed to the delivery room. Through a partially dilated cervix and with the aid of a dressing forceps the membranes were perforated. This led to a great gush of liquor amnion. The hand was used as a tampon in an effort to prevent the too sudden emptying of the uterus. After the initial gush was controlled we managed to collect the remainder of the fluid in a large basin, and the amount collected measured over ten liters. The patient expressed herself as feeling greatly relieved and was returned to her room in good condition.

Shortly thereafter she began to have slight to moderate amount of vaginal bleeding which persisted for several hours. Forty-nine hours after the rupture of the membranes the patient went into labor and one and one-half hours later she delivered spontaneously a stillborn male infant weighing 434 grams. This was followed promptly by a second male stillborn infant weighing 265 grams. The placenta was delivered four minutes later. It was a single placenta, with two cords, two amnions but only one chorion. The blood loss was minimal, only about 100 cc. The patient was returned to her room in good condition. She had an uneventful puerperium, and on her fourth post-partum day she insisted on going home. Incidentally, autopsy failed to disclose any gross abnormalities in either infant.

We felt the report of this case might prove of interest not only because of the extreme rarity of an acute hydromnios occurring at twenty weeks of gestation, but also because it presents the problem of proper management, and illustrates the occasional limitations of x-ray examinations. It is generally accepted that while fetal bones have been shown as early as the twelfth week, it is not until about the twentieth week and thereafter that the fetal skeleton can be demonstrated with but few failures. Here is an instance of failure to demonstrate the presence of twins, due probably to the marked opacity of the liquor amnii. And also, contrary to the favorable results reported by Abrams with ammonium chloride therapy, in our case it proved wholly ineffective.

(Addendum: Since the report of this case before the Clinical Meeting of the Chicago Gynecological Society, this patient was delivered on September 14, 1948 at thirty-eight weeks of a normal female, weighing six pounds four ounces, after a perfectly uneventful pregnancy.)

30 N. Michigan Avenue

REFERENCES

1. Abrams, A. A., and Abrams, S. B.: Successful Treatment of Hydramnios with Ammonium Chloride; Preliminary Report. Am. J. Obst. and Gynec. 52: 299-301 (August), 1946.
2. Bunzel, E. E.: Marked Hydramnios in Fifth Month of Pregnancy. Am. J. Obst. and Gynec. 24: 755-757, 1932.
3. Cornell, E. L.: Acute Polyhydramnios. S. Clin. North Amer. 11: 183-187, 1931.
4. De Lee, Joseph B.: The Principles and Practice of Obstetrics. Phila., W. B. Saunders Co., 1938, p. 646.
5. O'Driscoll, D. T.: Acute Hydramnios (Brief Survey of Recent Literature, with Report of Case Simulating Concealed Accidental Hemorrhage). J. Obst. and Gynaec. Brit. Emp. 52: 496-500, 1945.
6. Parker, J. D.: Acute Hydramnios, Case. J. South Carolina M.A., 37: 121-122, 1941.
7. Parvey, B.: Acute Hydramnion Treated by Abdominal Puncture, Case. New England J. Med. 208: 683-685, 1933.
8. Payne, W. R., and Bland, H. G.: Anencephalus (with Acute Hydramnios) Diagnosed by X-ray. Am. J. Obst. and Gynec. 44: 593-594, 1942.
9. Riley, C. L., and Hauser, F. T.: Hydramnios. Brief Review of Literature with Report of Two Cases. Virginia M. Monthly, 68: 48-50, 1941.
10. Sharp, F. B.: Polyhydramnion with Fetal Death, Southwestern Med. 13: 83-85, 1929.

11. Tillim, S. J.: Acute Hydramnios and Hydrocephalic Anophthalmic Monstrosity. Case Report. Wes. J. Surg. 42: 232-234, 1934.
12. Weinstein, M. L., and Cotell, H.: Diagnosis of Fetal Monster in Case of Polyhydramnios by Means of Prenatal Roentgenological Examination. Ill. M.J. 65: 70-73, 1934.
13. Wilson, J. St. G.: Teratoma of Neck of Fetus with Acute Hydramnios. Case Report. J. Obst. and Gynaec. Brit. Emp. 46: 44-48, 1939.

The Coexistence of Pernicious Anemia and Chronic Lymphatic Leukemia.

Jack Mason, M.D. and Steven O. Schwartz, M.D.
Chicago

The simultaneous occurence in the same individual of two relatively common blood dyscrasias, pernicious anemia and leukemia, is apparently very infrequent. In 1900, von Leube[2,3] applied the name "leukanämie" to a combination of a severe macrocytic, hyperchromic anemia and a leukemoid white cell picture. This combination is no longer regarded as an entity by most hematologists[4,5,11] since many leukemias present macrocytic anemias. Vague paresthesias,[1] frequently a smooth tongue, a high incidence of achlorhydria and the presence of a macrocytic anemia, however, may make either a primary diagnosis of pernicious anemia, or at least its coexistence appear not unlikely in many instances of leukemia.

Sinek and Kohn[8] reviewed the literature of pernicious anemia and leukemia in 1930 and accepted only the case of Reichel.[6] However, even this case cannot be accepted since the response to liver therapy was poor, there is no record of a reticulocyte response, the marrow findings are not given, post mortem examination was not done, and the best response was to x-ray therapy.

In 1936 Rich and Schiff[7] described a case of pernicious anemia associated with chronic lymphatic leukemia in a 75 year old white male. The diagnosis was substantiated by a 16.5% reticulocytosis following liver therapy, the absence of vibratory sensation, and the demonstration of degeneration of the posterior and lateral columns of spinal cord on microscopic examination.

Touw and Graafland[10] described a case of aleukemic lymphatic leukemia in a 74 year old female, who also had a hyperchronic macrocytic anemia which responded well to liver therapy, and had a good reticulocyte rise (24.0%). Since the patient had leukemia infiltrations in the esophagus and stomach, as well as in the lymph nodes and marrow, the authors felt that this may have been a case of "symtomatic" pernicious anemia similar to those arising as a result of other destructive lesions of the stomach.

Sterne, Schiro and Molle[9] reviewed the literature in 1941 and presented a case of subacute myelogenous leukemia which developed in a patient with pernicious anemia. Their patient, a 57 year old female, was seen in three hematologic relapses. On her fourth admission she was comatose and expired before the institution of therapy. Post mortem examination revealed leukemic infiltrations in the lymph nodes and kidney. There was also evidence of posterior (and suggestive lateral) column demyelinization of the spinal cord. The authors mention another case known to them through personal communication with Doan.

Wooley[12] described a case which ten years after the diagnosis of pernicious anemia presented the clinical picture of chronic myelogenous leukemia. She was a 48 year old female who had a 62.8% reticulocyte response to liver therapy when first seen in 1932 and responded but very slightly in 1942.

From the Hematology Laboratory and the Hektoen Institute for Medical Research of the Cook County Hospital, Chicago, Illinois.

Aided by a grant from the Wilson Laboratories.

Luraine P., a 49 year old negro female, was admitted to Cook County Hospital on January 6, 1946 with a history of a ten pound weight lost during the previous six months, nausea, vertigo and headaches for two weeks, and vaginal bleeding for a week. Some months previously she had had a diarrhea, but on admission complained of constipation. Weakness of the legs was marked, and numbness of the toes was noted. Her knees tended to "buckle" on standing.

Physical examination revealed moderate pallor, slight jaundice of the sclerae, and a pale, smooth and shiny tongue. A thyroidectomy scar was present and dated back to 1932. A moderately loud harsh systolic murmur was heard in the second and third interspaces to the left of the sternum and was transmitted both towards the aorta and the apex of the heart. The liver was felt two centimeters below the costal margin. The spleen was not palpable. Deep reflexes were intact as was vibration sensation.

Gastric analysis revealed no free acid following the injection of histamine. The urine had+ albumin, but was otherwise negative. Icterus index: 11, NPN: 26, Kahn test negative. X-ray examination of the gastro-intestinal tract was negative. Hematologic findings are summarized in Table I.

Between January 7th and January 21st she was on sub-optimal doses of liver extract and reached a reticulocyte count of 9.0%. On January 21st, 30 units of parenteral liver were given. On January 26th, the reticulocyte rose to 29.2% and a prompt clinical and hematologic recovery ensued. The white cell count, however, always remained low, with an absolute and relative granulopenia. She was maintained on liver therapy until July 1946 and then changed to five milligrams oral folic acid per day.

On July 17, 1947 a sternal marrow aspiration biopsy was performed in the hope of casting light on the cause of the granulopenia. Outstanding deviation from the normal was the great increase in lymphocytes, which though for the most part mature, revealed many very young cells. Frequent large collections of lymphocytes were encountered throughout the marrow. The findings were diagnostic of chronic lymphatic leukemia. The marrow was re-examined on December 16, 1948 and revealed identical findings, with lymphocytes accounting for 33% of the marrow cells.

At the present writing the patient still attends Clinic and is well clinically. There are as yet no demonstrably enlarged peripheral lymph nodes nor is the spleen palpable.

SUMMARY

A case of pernicious anemia complicated by chronic (aleukemic) lymphatic leukemia is presented. The occurrence of the two diseases probably represents a simple coincidence. Since both conditions occur in approximately the same age groups, and since the life expectancy has been so much improved in pernicious anemia, this coincidence may be expected to increase. Four previously reported cases can be considered acceptable, of which two were also chronic lymphatic in type.

BIBLIOGRAPHY

1. Davis, C. L., and Fitz-Hugh, T. Jr.: Achlorhydria in the leukemias, Am. J. Med. Sci. 197: 763, 1939.
2. Leube, W. von: Uber einen Fall von rapid verlaufender schwerer Anamie mit gleichzeitiger leukamischer Beschaffenheit des Blutes, Sitzungs. Phys.-med. Gesells. zu Wurzburg. 3: 46, and 4: 49, 1900.
3. Leube, W. von: Rapid verlaufende schwere Anamie mit gleichzeitiger leukamischer Veranderung des Blutbildes. Berl. klin. Wohnschr. 37: 851, 1900.
4. Muller, A. and Werthemann, A.: Unter dem Bilde der sog. Leukanamie verlaufende Karzinose des Knochenmarkes bie kleinem, versteckem Mammakarzinom, Folia Haemat. 46: 429, 1932.
5. Naegeli, O.: Blutkrankheiten und Blutdiagnostik, Julius Springer, Berlin, 1931.
6. Reichel, J.: Beitrage zur Kenntnis der perniziosen Anamie und der akuten Leukamien, Wien. Arch. f. Inn. Med. 19: 241, 1930.
7. Rich, M. L. and Schiff, L.: A case of pernicious anemia with chronic lymphatic leukemia, Ann. Int. Med. 10: 252, 1936.
8. Sinek, F. and Kohn, E.: Gleichzeitiges Bestehen pernizioser Anamie und chronischer myeloischer Leukamie, Folia Haemat. 42: 180, 1930.
9. Sterne, E. H. Jr., Schiro, H. and Molle, W.: Pernicious anemia complicated by myelogenous leukemia, Am. J. Med. Sci. 202: 167, 1941.
10. Touw, J. F., and Graafland, C. A.: A case of aleukemic lymphatic leukemia with specific localizations and symptomatic pernicious anemia, Acta Med. Scand. 102: 124, 1939.
11. Wintrobe, M. M.: Clinical Hematology, Lea and Febiger, Philadelphia, p. 705, 1946.
12. Wooley, P. B.: Myelogenous leukemia complicating pernicious anemia, Lancet, 1: 85, 1944.

PATHOLOGY CONFERENCES

EDWIN F. HIRSCH, DEPARTMENT EDITOR



Presentation of Three Cases

J. P. SIMONDS, M. D.
ALEXIAN BROTHERS' HOSPITAL
CHICAGO

MULTIPLE MYELOMA OF BONES

CLINICAL SUMMARY:—Dr. W. Zurndorfer.—This 59 year old white male entered Alexian Brothers' Hospital in Chicago on March 3, 1948. Two years previously he had a transurethral resection of the prostate. Six months later he began to suffer pain which began in the hips and knees and ultimately involved most of the joints of the upper and lower extremities, with limitation of the use of the hands and difficulty in walking. Cystoscopic examination revealed marked irregularity, edema and sloughing of the bladder neck and elevation of the posterior commissure by prostatic tissue.

Laboratory data at the time of admission:—Erythrocytes, 3.65 million; hemoglobin, 11 gms. percent; leucocytes, 6,000 with 62 percent neutrophiles. The Kahn test was negative. The urine was yellow, turbid, acid in reaction; the specific gravity was 1.015; albumin was 4 plus with leucocytes, erythrocytes and coarsely granular casts. Upon slowly heating the urine to boiling, it first became turbid and then partially cleared as the temperature approached the boiling point (Bence-Jones protein). The total serum protein was 6.5 gms. percent, with 3.1 gms. of serum albumin and 3.4 gms. of globulin. The albumin-globulin ratio was 0.91. Nonprotein nitrogen was 31 mgms. percent. The patient left the hospital on March 17, 1948.

He entered the hospital again on June 26, 1948 with the same, but more severe complaints. At this time his erythrocytes numbered 3.00 million per cubic millimeter; hemoglobin was 9 gms. percent; leucocytes 5,450 per cmm. of which 65 percent were neutrophiles. Results of urinalysis were essentially like those found in March. The total serum protein had increased to 9.3 gms. percent, with 3.9 gms. of albumin and 5.4 gms. of globulin. The albumin-globulin ratio was 0.7. Examination of the cerebrospinal fluid and of the gastric contents yielded normal values. The serum acid phosphatase was 1.2 King-Armstrong units. Roentgen films revealed no evidence of fracture or of other pathologic changes in the bones of the cranium or lower extremities. He was discharged from the hospital about the middle of July.

He re-entered the hospital on December 6, 1948 when his condition had become much worse.

At this time he was unable to walk and was confined to a wheel chair because of constant pain in his extremities. He had lost about 60 pounds since the beginning of his illness. The joints of all his extremities were enlarged by fusiform swellings, distorted in shape and partially ankylosed. A large hard mass was palpable on the outer surface of the left iliac bone in front of the left hip joint. The prostate was enlarged and its left lobe was firm but not hard. Urinalysis yielded findings similar to those reported. His erythrocytes had decreased to 2.39 million per cmm. the hemoglobin to 9 gms percent; the leucocytes were 9,200 per cmm. with 72 percent neutrophiles. The serum acid phosphatase was 0.5 King-Armstrong units.

On December 8, roentgen films of the skull, thoracic spine and ribs revealed no evidence of neoplasm or other pathologic change. Examination of the pelvic region disclosed several decalcified areas in the neck and trochanteric regions of both femurs and in the right ischial bone. These areas had no typical configuration and resembled more the result of osteoporosis than a neoplasm. However, a neoplastic disease, such as multiple myeloma, was considered.

On December 31, 1948, the N.P.N. of the blood was 192 mgms. per cent. Death occurred on January 1, 1949.

CLINICAL DISCUSSION:—Dr. Frank Lusk:—This patient presents one of those perplexing diagnostic problems so often encountered in medicine in which the symptoms and physical signs are not distinctive of any particular disease but may be fitted into the pattern of many diseases.

When, as in this case, one meets such an incongruous clinical picture, one should think of some type of disease that is characterized by dissemination; such as, metastatic cancer, Hodgkin's disease, periarteritis nodosa, masked blood dyscrasias, and the like. In this patient, the Bence-Jones protein in the urine, coupled with the hyperglobulinemia and the inverted albumin/globulin ratio, pointed to involvement of bones and liver. With these findings, even in the absence of Roentgen-ray evidence of sharply circumscribed rarefying bone lesions, the most likely clinical diagnosis is multiple myeloma.

A feature of particular interest is the nephritis. This belongs to the type classified as lower nephron nephrosis, which often occurs following shock, crush injuries, conjugated sulfa drugs and transfusions with mismatched blood. Due to the high plasma protein concentration, particularly of the globulins (e.g., hemoglobin, myoglobin) and Bence-Jones protein, the renal tubules become blocked with precipitated proteins, the tubular epithelium undergoes degeneration and the function of the kidneys is impaired. The resultant clinical picture is one of oliguria or anuria. In multiple myeloma degeneration of renal tubular epithelium occurs when the serum protein exceeds 9 to 10 grams per cent.

ROENTGENOLOGIC DISCUSSION:—Dr. M. Indovina.—This case is instructive from the roentgenological point of view in that it brings out an important point in the diagnosis of plasma cell multiple myeloma. It is generally believed that multiple myeloma is characterized by many small, punched-out, rounded areas of diminished bony density involving particularly the skull, pelvis and spine. However, this is the exception and not the rule, and such findings may be present only when the disease has reached an advanced stage. More frequently, we observe only a vague patch of osteoporotic bone, either in one or in several bones, such as the upper ends of the femur or humerus, or in a rib, a vertebral body in the ilium, with no apparent generalized involvement. The skull frequently does not show the conventional punched-out areas, even when there is involvement of a large part of the skeleton. Obviously, in cases which are seen early and have only indefinite findings, we must use every possible evidence obtainable from sources other than roentgenograms.

AUTOPSY FINDINGS:—Dr. Robert J. Banker.—On the skin of the face and sides of the neck was a thin layer of fine, white glistening material resembling uremic frost. The most important changes were in the bones, in the periarticular soft tissues and in the kidneys. Grossly, the bones had little evidence of the lesion actually present in that the marrow was not mottled but was rather uniform in color and consistency. However, in microscopic sections, the marrow was extensively replaced by tumor tissue consisting of modified plasma cells; that is, a diffuse type of plasma cell myeloma. The 4 by 5 cms. mass attached to the upper anterior part of the left femur and to the lateral surface of the left iliac bone was pale yellow brown, firm, trans-



Figure 1. Photograph of the tumor-like mass of amyloid attached to the left hip joint.

lucent, friable tissues and contained several cavities filled with soft cheesy material. (Fig. 1.) Sections from this mass and from the lesions about the joints were hyaline and resembled amyloid. Smaller, more diffuse deposits of similar material were found in sections of the lungs, heart and spleen. The kidneys were slightly reduced in size and together weighed 265 grams. The renal cortex was pale, 2 to 3 millimeter thick and the cortical markings were not distinct. In sections, many renal tubules were filled with homogeneous material resembling large hyaline casts, some of which stained palely while others stained blue-black as if partially calcified. (Fig. 2.) Giant cells were associated with many of these masses. Many tubules were atrophic or had disappeared and in these regions the connective tissue stroma appeared to be moderately increased and was slightly infiltrated with lymphocytes. The glomeruli, in general, were well preserved; only a few had been transformed into hyaline scars; none had deposits of amyloid. The renal arteries and arterioles were essentially normal.

The significant pathologic changes in this case may be summarized as follows: Diffuse plasma cell myeloma of the bones; chronic nephritis of the so-called lower nephron type, probably associated with long continued excretion of large amounts of Bence-Jones protein; large amyloid deposits, about the joints of the extremities, and small focal deposits of the lungs, myocardium and spleen; fatty changes of the liver; and broncho-pneumonia of the lungs.

CLINICO - PATHOLOGICAL CORRELATION:—Dr. J. P. Simonds.—Multiple myelomas usually appear as focal, osteolytic lesions scattered throughout the skeleton. The bones involved in order of frequency are, the skull, vertebrae, ribs, pelvis, femur, humerus, clavicle, ulna, tibia, radius and fibula. Since the lesion is osteolytic, pathologic fractures are not uncommon, and this may have medicolegal significance.

Bence-Jones proteinuria, while not pathognomonic of multiple myeloma, is sufficiently frequent in the disease (50 to 65 percent of cases) always to suggest the presence of this tumor. Hyperglobulinemia is also a frequent accompaniment of multiple myeloma. The excretion of large quantities of Bence-Jones protein for a

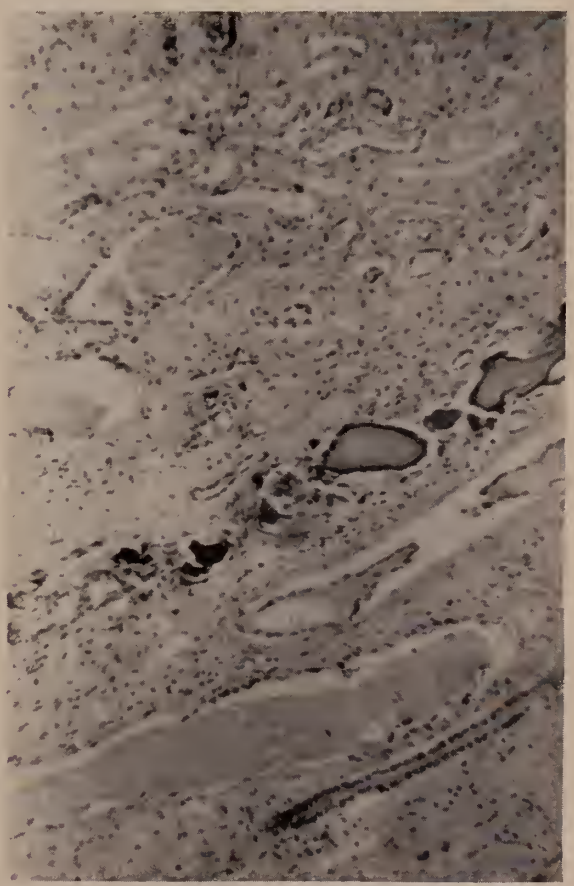


Figure 2. Photomicrograph illustrating partially calcified, large casts blocking the lower part of a nephron.

moderately long time usually damages the kidneys and may even cause death from uremia, as in this case. When urine is tested for albumin by precipitation with acids (nitric or sulphosalicylic) Bence-Jones protein may be missed. This substance can be recognized only by its peculiar precipitation and re-solution with heat.

Amyloidosis is not uncommon in multiple myeloma. When it does occur it resembles, in its distribution, primary amyloidosis rather than the form which occurs secondarily in tuberculosis, chronic osteomyelitis, etc.; i. e., it is deposited in large masses in unusual locations (periarticular tissues, lungs, myocardium), rather than in the liver, spleen and kidneys, as in the secondary type. Deposits about the joints, resembling, grossly, chronic arthritis, as in this case, are especially rare. Tarr and Ferris (Arch. Int. Med., 64: 820, 1939) found only 10 cases in the literature.

The marked anemia in this case was probably due to the replacement of bone marrow by diffuse growth of the tumor throughout the skeleton.

CHRONIC GLOMERULONEPHRITIS

CLINICAL SUMMARY:—Dr. J. Thometz. —This 45 year old white male entered Alexian Brothers' Hospital on November 11, 1948 on the service of Dr. E. M. Berger. He complained of shortness of breath, cough, expectoration, difficulty in swallowing, frequent headaches and occasional epistaxis, all of one month's duration. One year previous to admission he was in another hospital with pneumonia and bilateral pleurisy and swelling of the hands and feet. He recovered and returned to work until the onset of his present symptoms one month previous to his admission to this hospital. Physical examination revealed a well developed, well nourished white male who was moderately dyspneic. A few small, firm, discrete lymph nodes were palpable in each inguinal region. Moist rales were heard over both lung fields. The heart borders were said to be within normal limits, and a systolic murmur was heard at the apex. The margin of the liver was two inches below the right costal margin and was smooth and tender. During the first week in the hospital he had nausea and vomited repeatedly. His blood pressure was recorded as 208/110 mm. Hg.

Laboratory data: The specific gravity of the urine ranged between 1.013 and 1.009; albumin was 3 to 4 plus; and erythrocytes, leucocytes and many hyaline and granular casts were present on each examination. On one occasion a trace of sugar was found. The red cells in the blood ranged from 2.89 to 2.79 million per cubic millimeter; the hemoglobin was 9.5 gms. percent. Leucocytes ranged from 18,800 with 95 percent neutrophiles to 11,450 with 85 percent neutrophiles.

An intravenous pyelogram revealed practically no excretion of the dye by the kidneys. Fluoroscopic and roentgenologic examinations showed an increased of the rugal markings in the pyloric region of the stomach and in the duodenum. These were thought to be due to gastritis and duodenitis. Examination of the remainder of the gastrointestinal tract revealed no abnormalities.

The patient was given a high protein-low salt diet and began to improve. Nausea and vomiting ceased. On November 22, his blood pressure was 170/110 mm. Hg. He was discharged on November 24, much improved.

He was readmitted to the Hospital on December 14, 1948 with the same complaints as on the previous admission but with more marked dyspnea and with pain across the chest. Moist rales were audible over both lung fields with some dullness on the right side. A friction rub was heard over the precordium. His blood pressure was 142/102 mm. Hg. The abdomen was tender over the right hypochondrium and the liver was palpable below the right costal margin. Orthopnea developed and he was given oxygen and digifolin. He continued to complain of difficulty in swallowing, was nauseated and vomited frequently. Urinalysis yielded results similar to those of the previous admission. The red cells of the blood were 2.38 million per cubic millimeter, with 8 gms. percent of hemoglobin. The leucocyte count was 14,800 with 83 percent neutrophiles. He received two transfusions of 500 cc. each of whole blood. Blood chemistry: Nonprotein nitrogen was 134 mg.; creatinine, 5.2 mg; chlorides, 640 mg. (109 milliequivalents); and sugar 108 mg., per 100 cc. of blood. A white, glistening, frost-like material was noted on the skin of the face, neck and arms. He developed an occasional tremor and signs of cere-

bral irritation and mental confusion and died December 31, 1948.

CLINICAL DISCUSSION:—Dr. L. J. Latz.—This man aged 45 years had hypertension, congestive heart failure and renal disease. In the condition in which the patient was first seen it was difficult, if not impossible, to determine whether the nephritis came first with resultant hypertension, or whether the elevated blood pressure ultimately caused functional impairment of the kidneys. Of some interest is the history of pneumonia one year previously. One wonders whether this might not have been a pulmonary infarct in a patient with chronic heart disease, a not uncommon episode.

The cardinal signs and symptons of chronic glomerulonephritis were present:—high blood non-protein nitrogen and creatinine; albumin, casts and microscopic blood in the urine; inability to concentrate urine with the specific gravity fixed at a maximum of 1.013; frequent gastrointestinal upsets; and secondary anemia. The terminal signs of oliguria, cerebral irritation and mental confusion, pericarditis and skin frost completed the picture. On the other side of the combined pattern was evidence of left ventricular failure on the basis of hypertensive heart disease:—dyspnea, pulmonary edema with classical MacKenzie rales, enlarged liver and apical systolic murmur. The heart failure was managed successfully with digitalis and aminophylline and other supportive measures during his first stay in the hospital. His renal insufficiency, however, was less amenable to treatment. It was the old story of the progressive damage and destruction of glomeruli until the patient passes into a state of intractable uremia which results in death.

AUTOPSY FINDINGS:—Dr. Robert J. Banker.—Uremic frost was present over the face, neck and shoulders. The kidneys were small and weighed together only 190 grams; their capsules stripped with difficulty leaving a red to reddish tan, irregularly granular surface. Microscopically they showed the characteristics of a late stage of chronic glomerulonephritis. Few intact glomeruli remained. Most of them had been transformed into hyaline scars or were in process of such transformation. The renal tubules were reduced in number and most of those present were small and atrophic. The connective tissue stroma was increased and was moderately infiltrated with lymphocytes. The lumen of the arteries and arterioles was reduced in diameter, chiefly as a result of fibrosis of the intima. The heart was markedly hypertrophied and dilated. Unopened, it weighed 900 grams; opened and emptied of blood, it weighed 585 grams; that is, it contained 315 grams of blood which indicates a high degree of dilatation. The heart valves and the myocardium were essentially normal. The pericardium was covered with a thick layer of reddish gray exudate, probably uremic pericarditis. Disturbances of the circulation were manifested by general passive congestion of the viscera; edema of the lungs and scrotum; ascites and bilateral hydrothorax. The rugae of the antrum of the stomach formed large, thick, dark purple red longitudinal ridges 6 to 8 mm. in diameter and up to 4 cm. in length. In the muscosa of the anterior wall of the esophagus, at about the level of the bifurcation of the trachea, was a grey fibroma, 5, 15, 20 mm.

CLINICO-PATHOLOGIC CORRELATION:—Dr. J. P. Simonds.—Chronic glomerulonephritis is a progressive disease, characterized by the continuous or periodic destruction of renal units. When it runs its natural and complete course it ends in death from uremia. Interference with the flow of blood through the kidney, due to the obliteration of the capillaries in the glomeruli, induces hypertension. In the late stages of the disease the heart is almost invariably hypertrophied. The life of a patient with chronic glomerulonephritis is, therefore, subjected to a double threat:—congestive failure of the hypertrophied heart and uremia. The onset of congestive heart failure increases the danger from uremia. This patient's blood pressure decreased, while in the hospital, from 208/110 to 142/102 mm. Hg. At the lower level, the hydrostatic pressure of blood in the residual functioning glomeruli was probably not adequate to maintain total glomerular filtration at a rate sufficient to prevent the accumulation of nitrogenous waste products in the blood. Patients with chronic glomerulonephritis may die from uremia, or from congestive heart failure or from a combination of both, as in this case.

When chronic glomerulonephritis develops insidiously, the terminal stages ending in death from uremia may progress with remarkable rapidity. In this case, the total duration of the

disease, from the first definite clinical manifestations to death, was approximately two and one-half months. But the gross and microscopic appearances of the kidneys indicated that the disease had been present and progressing for a much longer period. The factor of safety, or functional reserve, of the kidneys is great. Progressive destruction of renal units may progress slowly and insidiously for months or perhaps for years without definite clinical manifestations. But when the factor of safety or functional reserve of the kidneys has finally been completely exhausted, evidences of renal insufficiency may develop with remarkable rapidity. Regular, periodic health examinations, or physical check-ups would reveal the disease at an earlier stage when some attempts might be made to check its progress. Insidiously progressive, chronic glomerulonephritis with a rapidly developing terminal stage can be differentiated with difficulty from essential hypertension that ends in malignant hypertension. Fixation of the specific gravity of the urine, albuminuria, hematuria and casts may be present in both diseases. Perhaps the most helpful differential diagnostic sign is anemia. This is usually present and severe in chronic glomerulonephritis, but is rare or less marked in malignant hypertension.

The acute fibrinous pericarditis and the changes in the stomach, the latter demonstrated by roentgenologic examination before death, were probably on a uremic basis. The persistent difficulty in swallowing was evidently due to the fibroma of the mucosa of the esophagus.

DIABETES MELLITUS

CLINICAL SUMMARY:—Dr. J. O'Brien.—The patient, a 47 year old white male, entered Alexian Brothers' Hospital on November 29, 1948. He had been known to be diabetic for five years and took 20 units of protamine-zinc insulin daily without attention to diet. One week previous to admission he ceased to take insulin except on the morning of the day he entered the hospital. One week before admission he developed a cold and three days later began to have pain in the right side of his chest. Upon physical examination he was cyanotic, and had widespread coarse mucous rales and decreased breath sounds over the right side of his chest. Respirations were suggestive of the Kussmaul type. Heart sounds were too faint and indistinct to be evaluated. His blood pressure was 72/42 mm. Hg., and his pulse was feeble. Examination of the abdomen was negative. There was no edema. No urine was obtained by catheterization. Blood sugar was 610 milligrams, non-protein nitrogen was 55 milligrams and creatinine was 2.2 miligrams, per cent. He was semicomatose but did respond somewhat to questioning. Respirations became slow and shallow, the pulse imperceptible and the patient died four hours after admission.

CLINICAL DISCUSSION:—Dr. F. Knoepfler.—The medical management of this case was difficult. According to the meager history obtained from him, he was a diabetic who had received daily doses of 20 units of protamine-zinc insulin irregularly over five years. He had taken the usual amount on the morning of admission but had omitted its use during the preceding week. Blood sugar determination revealed 610 milligrams per 100 cc. The urine could not be examined for sugar, acetone and diacetic acid because the bladder was empty on two catheterizations. Although coma, probably diabetic in origin, appeared to be impending, the already severe circulatory failure dominated the general clinical picture and demanded more immediate attention.

That intrinsic renal damage was not the cause of the anuria, and, therefore, not the cause of the patient's symptoms could be assumed because the non-protein nitrogen and creatinine of the blood were only slightly elevated. The anuria could not be explained on the basis of reduced urine flow due to marked dehydration with electrolyte depletion. His skin turgor was normal. The conclusion appeared to be justified that the suppression of urine was due to circulatory failure and shock, which, in this case, were the most prominent features clinically. The evidence for this conclusion was the following: (1) cyanosis was present from the time of admission and was not completely relieved by oxygen therapy; (2) congestion of the lungs and liver was evident; (3) auricular fibrillation was present with a rapid irregular ventricular response of 115 to 167 beats per minute as indicated by the electrocardiogram which was taken immediately; (4) a low blood pressure of 72/42 mm. Hg. may cause oliguria and anuria with a slight increase of non-protein nitrogen and creatinine in the blood, as in this case. It was not possible to determine

blood potassium and calcium, changes which may influence circulatory efficiency.

The problem of the cause of the acute circulatory failure was equally difficult. Physical examination revealed definite evidence of pneumonia in the right upper pulmonary lobe; and his temperature was 101 degrees F. There was no clue to indicate whether the auricular fibrillation had existed prior to this acute illness. On the other hand, we know that it may occur in acute infections, such as pneumonia, and in some intoxications. Congestive heart failure may be coincidental with, contributed to, or entirely caused by rapid irregular ventricular contractions. It seemed necessary to concentrate the treatment upon the acute circulatory failure and to use drugs and type of administration for quick action. Strophanthin, 0.4 mg., was administered by slow intravenous injection, whereupon a slight improvement in the quality of the pulse occurred. Further efforts to counteract the dangerously low blood pressure were made with Coramine, 2 cc. and Paredrine, 10 milligrams, intramuscularly. Oxygen was administered from the beginning.

On account of the hyperglycemia, 50 units of regular insulin were given. A larger amount was thought to be inadvisable because the anuria rendered impossible the determination of the presence or absence of glycosuria. Later, 1,000 cc. of physiological salt solution with 5 percent glucose and 80 units of regular insulin were given by slow intravenous infusion. To restore further the electrolyte balance, Ringer's lactate solution was given and Hartman's solution ordered, being careful, however, not to overdo intravenous administration of fluids in the presence of cardiac failure and anuria. Death occurred before the latter order could be carried out.

In spite of all these measures the condition of the patient improved temporarily for only about half an hour. Following this he rapidly grew worse and expired four hours after admission.

AUTOPSY FINDINGS:—Dr. Robert Banker:—The significant findings at autopsy were:—Chronic pancreatitis with practically complete fibrous tissue replacement of the parenchyma with infiltrations lymphocytes and plasma cells and marked dilatation of the ducts. Scattered islands of Langerhans were present. The right lung had an upper lobar pneumonia and seropurulent pleurisy. There were also moderate hypertrophy of the heart (440 grams); calcification of the mitral ring; passive hyperemia of the lungs, liver and spleen; and chronic pyelonephritis. The urinary bladder contained about 2 cc. of urine.

CLINICO-PATHOLOGICAL CORRELATION:—Dr. J. P. Simonds.—No satisfactory explanation could be found for the extensive fibrosis of the pancreas; that is, there were no stones or other demonstrable obstruction of the large pancreatic ducts. The infiltration with lymphocytes and plasma cells suggest a diffuse pancreatitis with fibrous replacement of the parenchyma. Although islets were still present, the patient was known to have been a diabetic for 5 years. No other history was available to indicate the time or the cause of the pancreatitis. The effects of omission of insulin for a week were aggravated by the onset of lobar pneumonia. The gross and microscopic appearance of the kidneys were those of chronic pyelonephritis and arteriolosclerosis of the renal vessels. These findings and the slight hypertrophy of the heart suggest that he had had some degree of hypertension for a moderately long time. The anuria can be accounted for on the basis of the low blood pressure which was below the level at which the kidneys can produce urine.

HAY FEVER DRUG MAY CAUSE URINARY OBSTRUCTION

Pyribenzamine hydrochloride, an antihistaminic drug that has been used for hay fever and to relieve symptoms of colds, may cause urinary obstruction, says Samuel A. Wolfson, M.D., Los Angeles, in the July 16 Journal of the American Medical Association.

The antihistaminic drugs inhibit the action of histamine, a chemical released from body tissues during allergic reactions.

Dr. Wolfson reports a case in which urinary obstruction was attributed to pyribenzamine hydrochloride.

"Various side reactions from the use of pyribenzamine hydrochloride have been observed," he points out. "Drowsiness, dizziness, gastric disturbances, and headache have been the responses most commonly evoked. Less frequent in occurrence have been urinary burning and urinary frequency.

"I recently saw a patient whose reaction to the drug involved the urinary tract. To prove the validity of the assumption that the distress was due to the antihistaminic agent, it was planned to reproduce the condition at a later date.

"The patient was observed for two months, during which urinary function remained normal. On May 3, 1949, the patient received pyribenzamine hydrochloride at 7 a.m. and again at noon. About 4 p.m. the urinary difficulty reappeared. No more of the drug was administered. The symptoms rapidly subsided and have not returned to date."

The creation of adequate medical service must of necessity be the ultimate product of the coworking of many forces: enlightened local leadership, an informed and cooperative citizenry, a corps of well-trained doctors, and the financial resources necessary to enable these doctors to earn a living and to establish and maintain efficient hospital services. Medicine in the Changing Order, Rep. N. Y. Academy of Med. Comm., The Commonwealth Fund, 1947.

A girl entered the manager's office to apply for a job, and, when asked if she had any particular qualifications or unusual talents, stated that she had won several prizes in crossword puzzle and slogan contests.

"That sounds good," the manager told her. "But we want somebody who will be smart during office hours."

"Oh," she explained brightly, "this was during office hours."

IN AMERICA SOMETHING CAN BE DONE

Common sense, ingenuity and perseverance are necessary in the treatment of patients with chronic conditions. The physician in charge must at all times maintain an attitude of optimism, which will, in turn, be communicated to the patients. Each case presents individual problems. In one case, a patient with bilateral cerebral thrombosis, who had been bedridden for many years, received the necessary amount of muscle reeducation and strengthening but was unable to stand because of a marked tendency to fall backward. This was counteracted by increasing the height of his heels, so that the center of gravity was shifted forward. Later, when the patient acquired good equilibrium and muscular control, the heels were lowered gradually until they were of normal height.

Excerpt, Rehabilitation of the Chronic Medically Ill, Otto Eisert, M. D., Brooklyn; Arch. Phys. Med., July, 1949.

Junior, who was still too young to walk, had cried and fretted all day, until his harassed mother thought she would lose her mind. She told her husband all about it when he came home that evening.

"Well, remember," he reminded her, "the hand that rocks the cradle rules the world."

About 8:30 that night, with Junior still crying as before, she said to him: "Assume world domination for a couple of hours, darling, while I go to the movies." —Overmatter

Prof. Schnootz, attending a reception, said, "You all know I'm a university professor and I know you're dying to ask questions. Who wants to be first?"

One fellow asked, "Is it true that professors are absent-minded and have bad memories?"

"That's a fallacious lie. Professors haven't got bad memories. They're not absent-minded. Don't you think I know where I am right now? And tomorrow I'll know where I was last night! Would somebody like to ask another question?"

With that, another fellow questioned: "Is it true that professors are absent-minded and have bad memories?" To which the professor replied: "Fine! I knew that sooner or later somebody would ask me that!"

Diplomacy is the ability to take something and act as though you were giving it away.
—Banking

NEWS OF THE STATE



COOK

Paul Jordan Goes to Michigan.—Dr. Paul H. Jordan, assistant professor of psychiatry, Chicago Medical School and chief neuropsychiatrist, Veterans Administration Hygiene Clinic, has been appointed to the post of director of the State Child Guidance Clinic at Flint, Michigan. Dr. Jordan began his duties September 1.

Personal.—Dr. Robert M. Graham, chief surgeon for the Pullman Company, has been named chairman of the medical, education, and welfare section of the 1949 Chicago Community Fund campaign. Dr. Willard O. Thompson and Dr. F. Lee Stone will supervise solicitation of the medical and dental profession in the campaign for funds.—Dr. Frank Pokorney has resigned as health commissioner of Cicero, effective July 31, after serving twenty years in the position. He has been succeeded by Dr. Thomas Kallal.—Dr. Edwin R. Levine, formerly chief of the division of chest surgery at Michael Reese Hospital, has announced his return to private practice at 109 North Wabash Avenue, Chicago.

Society News.—Dr. Philip Thorek addressed the Annual Southwest Texas Medical District Meeting in Corpus Christi, Texas, July 8-9, 1949. He spoke on the following three subjects: "The Acute Abdomen", "Intestinal Obstruction" and "Jaundice." Dr. Walter J. Reich addressed the Tri-County Medical Society in Lake Geneva, Wisconsin, recently, on "The Diagnosis and Management of Common Gynecological Conditions."

Specialty Society Elections.—At the annual meeting of the Chicago Gynecological Society, June 17, 1949, Dr. Eugene A. Edwards was installed as president. Other officers of the society were chosen as follows: Dr. John I. Brewer, president-elect; Dr. M. Edward Davis, vice president; Dr. Edward M. Dorr, secretary; Dr. Fred O. Priest, treasurer; Dr. Paul Fox, pathologist and Dr. Edwin J. De Costa, editor.—At a meeting of the Illinois Psychiatric Society, May 5, 1949, the following were elected to office for the 1949-1950 season: Dr. V. G. Urse, president; Dr. D. Louis Steinberg, vice president; Dr. Louis Boshes, secretary-treasurer; Dr. Maxwell Gitelson and Dr. Benjamin Boshes, councilors.

Dr. Chesrow Goes to Haiti.—Dr. Eugene J. Chesrow, professor of surgery, Chicago Medical School, has been appointed exchange professor of surgery to the University of Haiti for the years 1950-1951, it was announced August 6. Dr. Chesrow was recently presented the Legion of Honor and Merit medal and citation by the government of Haiti. This decoration, the highest award of the Haitian government, was given to Dr. Chesrow in recognition of a long period of surgical work among the poor in Haiti, and for service in fostering Haitian-American relationships.

Hospital Residents Compete in Branch Meeting.—The North Shore Branch, Chicago Medical Society, devoted its regular meeting, May 3, to its first annual competition by residents of Chicago hospitals. The speakers were given fifteen minutes to present their selected papers and the judges were John J. Sheinin, dean, Chicago Medical School; Wright Adams, associate dean, University of Chicago School of Medicine and Robert Berson, associate dean, University of Illinois College of Medicine. Edward H. Storer, resident in surgery, University of Chicago, won the first award of $150 with his paper on "Va-

gotomy and Antrum Resection in the Mann-Williamson Ulcer." Second and third awards went to Frank P. Paloucek, resident in obstetrics and gynecology, St. Anthony De Padua Hospital, "Weight Gain and Pre-Eclamptogenic Toxemia" and Richard L. Merkel, resident in obstetrics and gynecology, Ravenswood Hospital, "Hemolytic Transfusion Reaction with Recovery from Anuria." Honorable mention was given to William H. Hart, resident in surgery, Illinois Masonic Hospital, "Sedation of the Aged Patient" and Kenneth G. Jones, resident in orthopedic surgery, University of Illinois, "Any Body—A History of the Quest for Cadavers." Dr. John L. Reichert is president of the North Shore Branch and Dr. Wayne Slaughter, secretary.

Symposium on Plasma Proteins.—A symposium on plasma proteins will be given under the auspices of the University of Illinois College of Medicine and sponsored by the Robert Gould Research Foundation, Friday and Saturday, September 23-24, in Chicago.

Dr. John B. Youmans, dean of the University of Illinois College of Medicine, said that the symposium is designed to promote research and understanding of the subject.

Sixteen prominent speakers will present various aspects of the plasma proteins, such as formation, fractionation, immunological and endocrine relationships, hypoproteinemia, relation to edema, isotope tracer studies, relation to the liver, and related subjects.

Physicians Abroad.—Dr. Carroll L. Birch, associate professor of medicine, University of Illinois College of Medicine, has been granted a sabbatical leave of absence for a six-month tour of Africa where she will study African Sleeping Sickness and other tropical diseases. Dr. Birch, a specialist in tropical medicine, was scheduled to arrive at Douala, French Camerouns, July 16. She will make her headquarters at Elat. Dr. Birch will travel with missionaries, Dr. and Mrs. George Thorne, and will make a tour of Presbyterian missions of Equatorial Africa. She will also visit Lake Victoria prior to returning to the United States in late December. Dr. Birch plans to work primarily on the blood and bone marrow findings in African Sleeping Sickness. Very little research has been conducted on this subject, especially on bone marrow.—Dr. Paul H. Holinger, associate professor of otolaryngology at Illinois, left Chicago July 7 for a two-month speaking tour of Europe and South America. Dr. Holinger presented four endoscopic films before the International Congress of Otolaryngology in London, July 15-23. He also presented a paper on "Endoscopic Photography in Otolaryngology and Broncho-Esphagology." En route from England to Argentina, he presented two lectures in Lisbon, Portugal, July 25-26. The lectures were illustrated by the endoscopic still and motion pictures prepared under the auspices of the Jacques Holinger Memorial Fund at the University of Illinois Research and Educational Hospitals, Children's Memorial Hospital and St. Luke's Hospital. Dr. Holinger was invited to serve as honorary president of the Argentine Congress of Broncho-Esophagology which was held in Sante Fe, August 15-16. The Argentine Society of Broncho-Esophagology, through its president, Dr. Irigoyen Freyre, also invited Dr. Holinger to give two courses in Broncho-Esophagology at the medical school in Sante Fe. While in South America, he also presented lectures at Cordoba, Buenos Aires, Porto Alegre and Rio de Janeiro. Dr. Holinger plans to return to the United States some time in September.

Grants for Research.—Five research grants in the total amount of $21,460 have been awarded to the University of Illinois College of Medicine, it has been announced by Dr. A. C. Ivy, vice-president of the University in charge of the Chicago Professional Colleges.

The Chicago Heart Association has awarded a grant of $10,000 to Dr. C. C. Pfeiffer in the department of pharmacology for the study of the effects of stress and diet on the regulation of the flow of blood into the kidneys.

The National Cancer Institute has renewed a grant in the amount of $5,940 for a study to determine which dyes will be taken up by the cells of the stomach in an attempt to produce cancer of the stomach by the feeding of dyes. The study is being conducted by Dr. Ivy and Dr. Francis Flood in the department of clinical science.

A check for $2,500 has been received from the Roche Foundation in support of a fellowship in the department of pharmacology. The fellow is assigned to a research project involving a continuation of the study of curare-like drugs, under the supervision of Dr. Klaus R. Unna.

Abbott Laboratories has made a grant of $2,120 for the study of a synthetic sweetening agent which has no caloric value. Human and animal toxicity studies are being conducted by Dr. M. I. Grossman and Miss Charlotte Robertson of the department of clinical science to determine its suitability for usage in diabetic and reducing diets.

Hoffman-LaRoche, Inc., has awarded a grant in the amount of $900 to subsidize pain tests involving the study of analgesic drugs in human volunteers. The tests are being conducted by the department of pharmacology, under the direction of Dr. Pfeiffer.

Fellowship Awarded Dr. Hawthorne.—Dr. E. W. Hawthorne of the University of Illinois College of Medicine has been awarded a Life Insurance Medical Research Fund Senior Fellowship. The Fellowship carries a stipend of $3,500.

Dr. Hawthorne will work on research studies concerning high blood pressure caused by kidney disorders. He will conduct the studies under the guidance of Dr. G. E. Wakerlin, Professor and Head of the Department of Physiology.

Dr. Hawthorne is a Research Assistant in the Department of Physiology.

Fellowship Honors Deceased Physician.—The gift of a $10,000 Subsidiary Scholarship to The Chicago Medical School in memory of the late Dr. I. Harrison Tumpeer is announced by Dr. John J. Sheinin, dean of the school.

Dr. Tumpeer was a graduate of the University of Chicago, and received his medical degree at Rush Medical College. For a period of two years he was an associate of Dr. Isaac A. Abt, and then was appointed to the staff of Michael Reese Hospital and the Post Graduate Medical School and Hospital. Of the latter, he became Professor and Head of the Pediatric Department. He was also Adjunct Pediatrician of the Michael Reese Hospital; Director of the Pediatric Department of the Michael Reese Dispensary and Attending Pediatrician.

Northwestern Research Points Way to Cure for Undulant Fever.—Two Northwestern University physicians reported recently that BAL (British Anti-Lewisite) may become an effective weapon against undulant fever. Their experiments show that the compound kills the disease microbes in test tubes.

Dr. Harry B. Harding, associate professor of bacteriology, and Dr. Gordon W. Raleigh, on the staff of the department of medicine, both of the Medical school faculty, told results of test tube research with the drug before a meeting of the Evanston Hospital Alumni Association. Both men are on the hospital staff.

Animal studies are now under way to determine whether BAL, originally developed as an antidote for Lewisite, a poisonous arsenic gas, may be employed as a cure for undulant fever in humans.

DOUGLAS

Walter Blaine Plans Retirement.—Dr. Walter C. Blaine, who has been practicing in Tuscola since 1898, has sold his office building and practice in preparation to begin a gradual retirement, according to the Urbana Courier. He will establish a small office in his home where he will continue to see some of his patients. Dr. L. V. Gates, formerly of Evanston, has purchased Dr. Blaine's building and practice and is already located there. Dr. Blaine, who is a Fifty Year Club member of the Illinois State Medical Society, has been an officer of the Society, secretary of the Douglas County Medical Society and physician for the Chicago and Eastern Illinois Railroad.

DU PAGE

Dr. Heidgen Goes to Arizona.—Dr. Martin F. Heidgen, superintendent of Memorial Hospital, Elmhurst, recently announced his resignation to become director of the Tucson Medical Center, Tuscon, Arizona. The position was to be effective July 8. Dr. Heidgen has served continuously in the office of administrator of the hospital since corps of the United States Army during World War. II.

KNOX

Physician Honored at Public Meeting.—Dr. J. U. Long was honored at a public picnic supper at the Maquon village park recently to celebrate his years of practice there since April 13, 1888. The physician was presented with a box of his favorite cigars and a purse of money.

LIVINGSTON

Society Election.—Dr. Andrew J. McGee, Dwight, was re-elected president of the Livingston County Medical Society at a recent meeting at the Pontiac Reformatory. Other officers are Dr. Otis Law, Pontiac, vice president and Dr. James Langstaff, Fairbury, secretary-treasurer.

MADISON

No Fees Charged During Tornado Emergency.—Members of the Wood River Township Medical Society, Wood River, voted unanimously to render no fees during and after the emergency phase of the recent tornado. The group includes sixteen township physicians. The physicians established an emergency hospital at American Legion hall where they were on call twenty-four hours each day.

In addition to their work at the scene of the tornado, physicians donated the use of X-ray and other medical equipment and supplies. Emergency house and office calls and medical and surgical treatment at hospitals were also administered free of charge.

The medical society inaugurated with the assistance of the Illinois Department of Public Health and Alton-Wood River area nurses, the typhoid immunization program which resulted in about 4000 persons being innoculated.

GENERAL

Welfare Department Statistics.—The resident population in all institutions of the Department of Public Welfare, June 30, 1949, was 47,275. This does not include pupils for Schools for the Blind and the Deaf who were on summer vacations. On the books of all institutions, including those present, in family care, on conditional discharge and all other absentees were 54,490. The greatest increase over June of last year was in the nine hospitals for the mentally ill, in which the population rose 822. During the fiscal year ending June 30, there were 13,467 admissions, of this number 3,752 were voluntary. There were 38,650 patients on the books, June 30, 1949. The institutions for the mentally defective (Dixon State Hospital and Lincoln State School and Colony) showed an increase of 94 over the previous year. The resident population was 9,282, with 10,634 on the books. There were 357 in Security Hospital June 30, 1949, and of this number, 279 were mentally ill, and 78 were mentally deficient. At Neuropsychiatric Institute, where most admissions are temporary for special treatment. 70 patients

were present at the end of the month. Of this number, 60 were admitted during the month. Clinics for trachoma control and prevention of blindness in southern Illinois treated 457 for trachoma, 67 for glaucoma, and 375 for other eye ailments. Nine patients were hospitalized for operations. The Illinois Eye and Ear Infirmary received 8,222 patients in the Clinic, and listed 22,527 treatments during June. Five hundred and twenty-three were admitted to the hospital. For the fiscal year ending June 30, 1949, 96,614 patients were listed in the Clinic, and there were 237,319 treatments. The Chicago Community Clinic reported 638 interviews during the month. Of this number, 621 were former patients in State hospitals-265 at Elgin, 241 at Manteno, 38 at Chicago, 76 at Kankakee and 1 at Alton. The Boys' Training School, Girls' Training School, and Women's Reformatory reported 906 juvenile delinquents, felons, and misdemeanants present June 30, 1949. Fifty-one were received from courts and 41 were discharged. The pupils of Schools for the Blind and the Deaf were on Summer Vacations. There were 64 children present at Children's Hospital-School with 92 on the books. At Soldiers' and Sailors' Children's School, 281 were present. The Industrial Home for the Blind, Soldiers' and Sailors' Home, and Soldiers' Widows' Home reported 1,334 present June 30, 1949—a decrease of 19 as compared to one year ago. The Veterans' Rehabilitation Center in Chicago, and Veterans Clinics in Aurora, Champaign, and Rockford received 90 new cases during the month. There were 1,307 visits to the clinic in Chicago, 14 in Aurora, 147 in Champaign, and 24 in Rockford. Since opening of these Centers, 5,451 veterans have received treatment at Chicago, 51 at Aurora, 188 at Champaign, and 29 at Rockford. The Division of Veterans' Service reported 2,973 veterans present in all Welfare institutions, June 30, 1949. Of this number, 1,715 were World War I veterans, and 706 World War II veterans. The Institute for Juvenile Research interviewed 182 new cases during the month. A total of 586 children and 683 adults, old and new cases, were examined and received treatment. The Division of Supervision of Field Services reported 50 placements in boarding homes, free homes, and wage homes during the month. In addition, 1,329 patients were interviewed in out-patient clinics, and there were 2,603 visits to the clinic during the month of June. Besides the 47,275 persons housed in institutions June 30, 1949, 21,024 received treatment in Department of Public Welfare clinics during June.

Clinical Congress Meeting on Surgery.—The Clinical Congress of the American College of Surgeons, always international in scope, will be exceptionally world-wide in character when it convenes in Chicago from October 17 to 23 because it will include the Sixth Inter-American Congress of Surgery, and because many delegates from the 13th Congress of the International Society of Surgery, which meets in New Orleans the previous week, are planning to attend the Chicago Congresses, according to Dr. Irvin Abell, Louisville, Chairman of the Board of Regents. Delegates and visitors to the Sixth Inter-American Congress of Surgery will attend the sessions of the Clinical Congress from October 17 to 21, and will hold their own separate sessions on October 21, 22, and 23. Through the membership of the American College of Surgeons in the Association of Inter-American Congresses of Surgery, every Fellow, Dr. Abell states, is a member of the latter group and is entitled to attend its scientific and social sessions. Headquarters for both Congresses will be at The Stevens.

Sir James R. Learmonth, Edinburgh, will deliver the fourth Martin Memorial Lecture at the Presidential Meeting on Monday evening, October 17, when Dr. Dallas B. Phemister, Chicago, the outgoing president, will preside and will deliver the Presidential Address, and Dr. Frederick A. Coller, Ann Arbor, Michigan, will be installed as new President. Lord Webb-Johnson, London, President of the Royal College of Surgeons of England, will deliver the Fellowship Address at the Convocation on Friday evening, October 21, when fellowship will be conferred upon several hundred initiates.

Television of operations in color from St. Luke's Hospital to The Stevens will be a feature of each day's program during the Clinical Congress. The other events will include scientific sessions, official meetings, hospital conferences, medical motion picture showings, technical and scientific exhibitions, and operative and non-operative clinics in 24 hospitals in the Chicago area.

Scientific Assembly on General Practice.—The Second Annual Scientific Assembly of the Illinois Chapter, American Academy of General Practice, will be held October 9-10, 1949, at the Pere Marquette Hotel, Peoria. A fine course of scientific lectures of practical application has been arranged. Included among the speakers will be Dr. Andrew C. Ivy, "Psychosomatic Aspects of Gastric Ulcer"; Dr. Everett P. Coleman, Canton, "Tumors of the Thyroid"; Dr. J. W. Wilson, "Undulant Fever"; Dr. Herman De Feo, "Bedside Diagnosis of Cardiac Irregularities" and Dr. Le Roy Sloan, "Correlation of Laboratory and Bedside Findings." All doctors and internes are invited to attend. For information and arrangements contact Dr. Peter H. Furno, 4124 West Madison Street, Chicago.

HEALTH DEPARTMENT ACTIVITIES

Leading Causes of Death in the First Six Months of 1949.—There were 19,442 deaths registered in Chicago in the first six months this year as against 19,418 for the same period in 1948. This is an increase of 24 deaths, or 0.1% over last year. The leading causes of death were the same as in the 1948 period, with heart disease 1st and cancer 2nd. These diseases accounted for more than half of the deaths reported in the city.

Heart disease deaths were slightly higher than last year. There were 7,914 deaths reported through

June in 1949 as against 7,903 for the first six months of 1948. The death rate for heart disease was 433.6 per 100,000 population as against 430.1 for the same period in 1948.

Cancer deaths for the six-month period remained about the same, with 3,011 reported in 1949 and 3,018 reported for the same time in 1948. The death rate this year was 162.6 per 100,000 population, a slight decline from the rate of 164.2 for the same period in 1948.

Tuberculosis deaths decreased from 681 in the first six months of 1948 to 653 for 1949, a decline of 4.1%. The tuberculosis death rate was 35.4 per 100,000 population compared with a rate of 37.1 for the first six months of 1948.

There were 768 pneumonia deaths for a rate of 42.1 in the 1949 period compared to 661 and a rate of 36.0 in the first six months of 1948. Accidental deaths dropped from 1,001 and a rate of 54.5 in the first six months of 1948 to 584 and a rate of 31.7 in the first six months this year. Premature birth deaths were down from 425 and a rate of 23.2 in the 1948 period to 404 and a rate of 21.6 this year.

There were 1,311 deaths from intracranial lesions for a rate of 72.0 per 100,000 population in 1949 through June, compared with 1,239 deaths for a rate of 67.4 for the same period last year.

Deaths from nephritis were down to 919 and a rate of 50.2 for the period this year, as against 1,096 deaths and a rate of 59.6 in the first six months of 1948. Diabetes deaths were up to 665 and a rate of 37.3 this year compared with 621 deaths and a rate of 33.8 last year. Deaths from cirrhosis of the liver were also up slightly, to 334 and a rate of 18.2 for the 1949 period as against 310 deaths and a rate of 16.9 for the same time a year ago.

Mortality reductions, since 1940, in the ten leading causes of death have altered the rankings among these killers. Nephritis dropped from 3rd place in 1940 to 4th place in 1948, changing places with intracranial lesions of vascular origin. The nephritis death rate dropped from 88.7 in 1940 to 55.3 in 1948. All accidents (5th place) and tuberculosis (6th) retained the same ranking, although the tuberculosis rate dropped from 59.4 to 36.5 in the to 8th place and diabetes rose from 8th to 7th. Premature birth deaths and cirrhosis of the liver renine-year period. Pneumonia dropped from 7th mained in 9th and 10th place throughout the period.

MARRIAGES

JOHN C. SOUDERS JR., Rock Island, to Miss Louise A. Padburg of Oklahoma City, recently.

DEATHS

ANDREW V. DAHLBERG, Chicago, who graduated at Bennett College of Eclectic Medicine and Surgery in 1906, died July 22, aged 74. He was president of the South Shore Hospital.

ETHEL F. GAAL, Chicago, who graduated at the Royal Hungarian Elizabethian University, Hungary, in 1923, died July 13, aged 51.

WILLIAM ALBERT HINCKLE, Peoria, who graduated at The Hahnemann Medical College and Hospital, Chicago, in 1903, died in St. Francis Hospital, Peoria, July 9, aged 73.

JOHN C. MAJOR, Joliet, who graduated at Rush Medical College in 1900, died July 5, aged 72. He had practiced medicine in Coal City for several years before moving to Joliet.

LOUIS AMANDAS MUELLER, Chicago, who graduated at Rush Medical College in 1899, died June 4, aged 75, of arteriosclerosis and paralysis agitans.

JAMES LEONARD PARIS SR., Elizabethtown, who graduated at Chicago Medical School in 1928, died July 13, aged 62.

FREDERICK W. PATTON, retired, Mount Vernon, who graduated at Miami Medical College, Cincinnati, O., in 1884, died July 9, aged 94.

HAROLD E. PHILLIPS, Chicago, who graduated at Rush Medical College in 1920, died July 14, in Indianapolis, aged 55.

JACOB JOHN WESTRA, Champaign, who graduated at Rush Medical College in 1936, died in Mercy Hospital, July 17, aged 41. He was secretary of the Champaign County Medical Society, a member of the Champaign County Chapter of the American Cancer Society, and was on the board of the Illinois Heart Association.

"For The Common Good"

Television Medicine on WGN-TV.—Three patients demonstrating different types of plastic repair appeared with Dr. Walter Mayne, Chicago, on the telecast over WGN-TV, July 27, entitled "Surgical Repair of the Face." Visual material included actual carving of the cartilage and instruments and casts used in this type of surgery.

On August 13 Drs. Louis Limarzi and Paul Bedinger presented "The Story of Blood," visually demonstrating the taking of a blood count, the action of the centrifuge, slides on white and red blood cells and sections of bone revealing marrow locations. The Central Scientific Company, Chicago, lent a centrifuge and microscope for the telecast.

"Guardians of Your Sleep" was the title of the telecast, August 10, when Drs. Max Sadove, anesthesiologist, James Cross, surgeon, Adolf Walker, assistant surgeon, Robert Foulke, assistant anesthesiologist, and Miss May Samuelson, R. N., portrayed typical pre and postoperative anesthesia care, as well as the typical operating room scene with emphasis on the giving of anesthesia, and a blood



The scene in the WGN-TV studio when the "Guardians of Your Sleep" program was presented. The cast of actors — (left to right in picture above right) Drs.



Max S. Sadove, Robert Foulke, Adolph Walker, May Samuelson, R.N., Dr. James H. Cross and Edward Pelikan, the patient, a senior student in pharmacology.

transfusion. Mr. Edward Pelikan, senior student in pharmacology, played the part of the patient, simulating perfectly his role of being anesthetized. All are associated with the University of Illinois College of Medicine and the Veterans Administration at Hines. The two latter institutions cooperated with the Ohio Chemical Company in providing hospital equipment. Three large sets were constructed in the studio to give authenticity to the story. Television Forecast announced this telecast with the statement "What is perhaps the most complicated and realistic setting ever constructed for a television show."

The weekly health telecasts are developed by the Educational Committee of the Illinois State Medical Society in cooperation with WGN-TV.

Lectures Arranged Through the Education Committee:

Edward J. Brophy, Chicago, Libby School PTA in Chicago, September 14, Health of the School Child.

Adrian D. M. Kraus, Chicago, Calumet City Health Center in Calumet City, September 15, Behavior Problems of the Young Child.

Elmer E. Swanson, Chicago, Sunday Evening Group in Chicago, September 25, on Superstitions About Health.

Robert Hagan, Chicago, Millard Avenue Junior Woman's Club in Chicago, October 19, on Child Health—Behavior Problems.

Ben Park, producer, It's Your Life, Chicago Industrial Health Association, Woman's Auxiliary, West Side Branch, Chicago Medical Society, October 21, on "It's Your Life."

Philip B. Marquardt, Wheaton, Primary-Junior Mothers Club in La Grange, October 17, Growing Old Gracefully.

Lectures Arranged Through the Scientific Service Committee:

Philip Thorek, Chicago, Sangamon County Medical Society in Springfield, on Portal Hypertension, illustrated.

Aaron E. Kanter, Chicago, Bureau County Medical Society in Spring Valley, Office Gynecology and Use and Abuse of Hormonal Treatment in Gynecology.

L. Martin Hardy, Chicago, Fulton County Medical Society in Canton, October 13, on Recognition and Management of Malformations of the Alimentary Tract in Infants and Children, illustrated.

Philip Thorek, La Salle County Medical Society in La Salle, October 13, Surgery of the Colon.

Leo Kaplan, Chicago, Iroquois County Medical Society in Watseka, on Psychosomatic Medicine.

Guy V. Pontius, Chicago, Macon County Medical Society in Decatur, October 18, on Present Status of Gastric Surgery.

Willard O. Thompson, Chicago, Effingham County Medical Society in Effingham, October 20, on Female Endocrinology.

Paul H. Holinger, Chicago, DeKalb County Medical Society in DeKalb, October 25, on Foreign Bodies in the Air and Food Passages," illustrated.

Carlo Scuderi, Chicago, McDonough County Medical Society in Macomb, October 28, on Common Fracture Problems in General Practice.

Arthur J. Atkinson, Chicago, St. Clair County Medical Society in East St. Louis, November 3, on Management of Peptic Ulcer.

Conference Arranged Through Postgraduate Education Committee:

For the first time, the Sangamon County Medical Society will act as host to a Postgraduate Conference in the Fifth Councilor District. The session will be held at the Elks Club, Springfield, November 3. Following a noon luncheon, the program will open with a discussion on "Dizziness" by Paul Campbell, Chicago. Other participants will include Aaron Arkin, Chicago, on "Nephritis"; Percy Hopkins, Chicago, on "Public Relations of the State Medical Society"; David Markson, Symptomatic Treatment of Arthritis"; J. Peerman Nesselrod and Jay M. Garner, Evanston, on "Ano-Rectal Disease." The evening speaker will be Arkell Vaughn, Chicago, on "Surgical Lesions of the Large Intestines."

now!
the 2 safest sulfonamides combined in palatable fluid form

"The value of sulfonamide mixtures in reducing crystalluria and renal complications is based on undisputed experimental evidence."[1]
ESKADIAMER *is a combination of the two safest sulfonamides* now in general use—
sulfamerazine and sulfadiazine.



Children—and adults who balk at bulky half-gram tablets—take ESKADIAMER willingly because it tastes good and is easy to swallow. Because ESKADIAMER is so unusually palatable, it is particularly useful when a prolonged course of therapy (as in prophylaxis) is indicated.

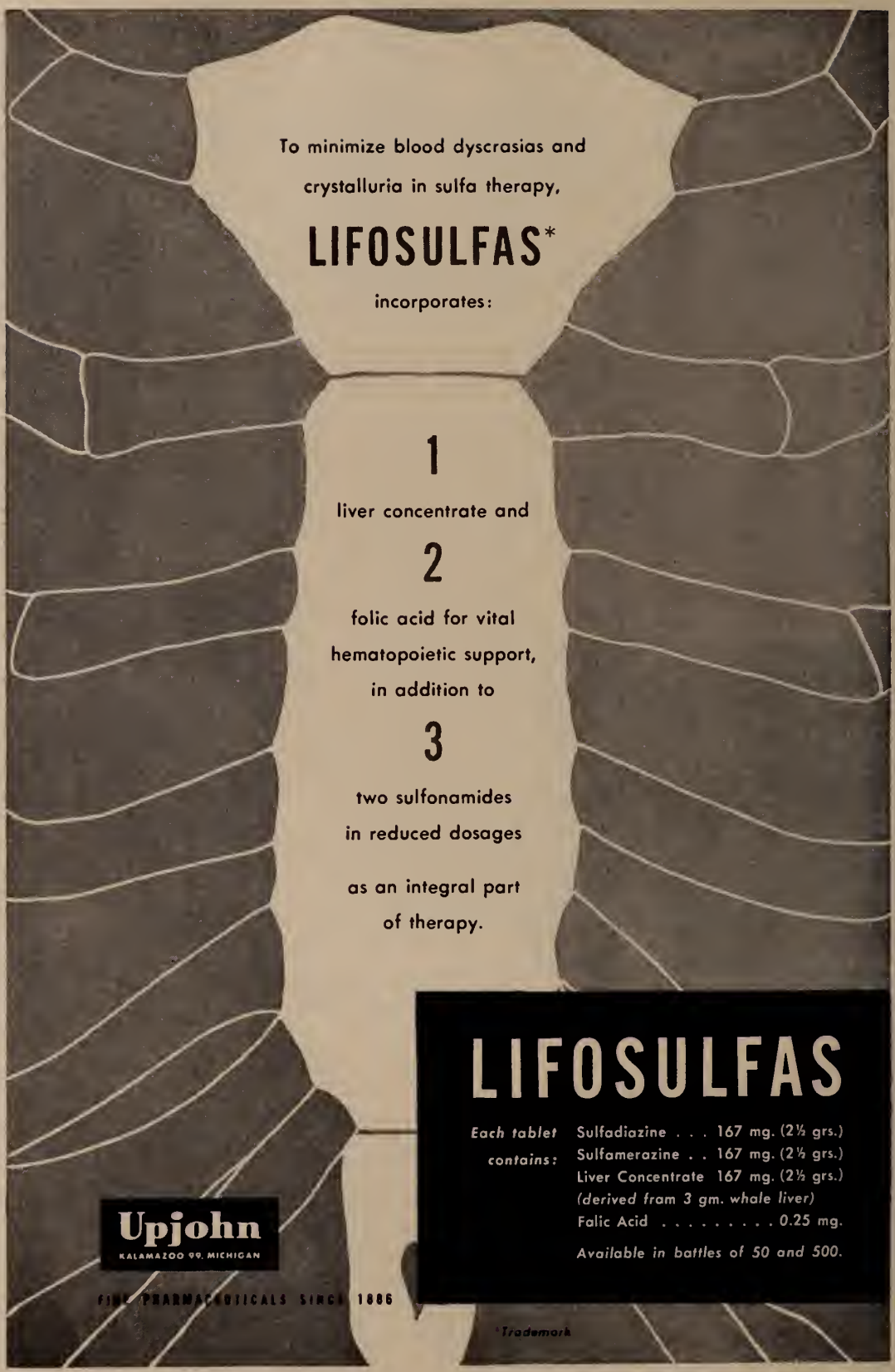
1. Lehr, D.: Sulfonamide Mixtures, J.A.M.A. 139:398 (Feb. 5) 1949

Eskadiamer

the delicious fluid preparation of sulfamerazine and sulfadiazine

Smith, Kline & French Laboratories, Philadelphia

Each 5 cc. (one teaspoonful) contains 0.25 Gm. (3.86 gr.) microcrystalline sulfamerazine and 0.25 Gm. (3.86 gr.) microcrystalline sulfadiazine—the dosage equivalent of the standard 0.5 Gm. (7.7 gr.) sulfonamide tablet.


To minimize blood dyscrasias and
crystalluria in sulfa therapy,
LIFOSULFAS*
incorporates:
1
liver concentrate and
2
folic acid for vital
hematopoietic support,
in addition to
3
two sulfonamides
in reduced dosages
as an integral part
of therapy.
LIFOSULFAS
Each tablet contains:
Sulfadiazine . . . 167 mg. (2½ grs.)
Sulfamerazine . . 167 mg. (2½ grs.)
Liver Concentrate 167 mg. (2½ grs.)
(derived from 3 gm. whale liver)
Folic Acid 0.25 mg.
Available in bottles of 50 and 500.
Upjohn
KALAMAZOO 99, MICHIGAN
*Trademark

infant anorexia rapidly disappears



Just five drops daily of White's Multi-Beta Liquid stimulates the infant appetite; weight increase is favorably influenced and greater resistance to infection exhibited—the early infant's vitamin B intake is at a safe range.

Similarly in the adult, White's Multi-Beta Liquid, in teaspoon dosage, helps replenish and maintain adequate vitamin B stores—corrects deficiency-induced anorexia, aids in patient recovery, improves special or restricted dietaries.

EXCELLENT PRESCRIPTION INGREDIENT

Palatable, non-alcoholic and stable, White's Multi-Beta Liquid is ideally suited to prescription use. Compatible with such ingredients as: (1) Tincture Nux Vomica, in equal parts, (2) Elixir Phenobarbital, 1 to 4 parts, (3) White's Mol-Iron Liquid, 1 to 8 parts.

White's **MULTI-BETA LIQUID**

. . . multi-purpose **B complex** source

WHITE LABORATORIES, INC., *Pharmaceutical Manufacturers*, NEWARK 7, N. J.

PHYSICAL MEDICINE ABSTRACTS

JOHN S. COULTER, DEPARTMENT EDITOR



OSTEOARTHRITIS OF THE HIP: TREATMENT

Alex Robinson, M.D., C.M., Banff, Clinic, Atla. In THE CANADIAN MEDICAL ASSOCIATION JOURNAL 60:2:161 February, 1949.

After-treatment is of great importance. A routine is established whereby the joint is daily put through its full range of movement. End-of-the-bed traction and deep pool baths are started at once, while flexion deformity of the hip, so commonly present is combated by instructing the patient in a method of hyper-extension—leaning back against the side of the bed and allowing the feet to dangle. Once a week or oftener the hip capsule is injected with 20 c.c. of ½% procaine, as described by Fletcher, using a Luer-Lok syringe so that this may be done under pressure. This relieves the pain and allows a greater range of movement during the routine manipulation which follows. Sciatic pain that is present may also be relieved by procaine directly into the nerve. Any areas of fibrositis are similarly injected. Infiltration of tense adductor muscles is useful in selected cases to diminish muscle spasm.

On discharge from hospital, the patient is instructed to set up a traction apparatus for himself when he goes home, and to put his hip through full range of movement daily. He is advised to wear rubber heels (to minimize jarring), keep his weight within normal limits, and to walk erect. Unnecessary exposure is to be avoided and he should dress warmly. A daily rest period is advicated, preferably both morning and afternoon, as well as some daily exercise. If discomfort or stiffness of more than an hour's duration follows the exercise, it should be reduced.

POLIOMEYELITIS FOLLOWING TONSILLECTOMY: A REVIEW OF THE LITERATURE

Cornelius H. Nau, M.D., San Antonio, Texas. In ARCHIVES OF PEDIATRICS 66:2:49 February, 1949.

In spite of the tabulation of many statistics showing the relationship of tonsillectomy to poliomyelities, there have been few conclusive results derived therefrom. Review of the literature for the past six years shows several conflicting reports.

Conclusions

Conclusions which may be drawn at this time are:

1. Most reporters agree that tonsillectomy (recent or remote) does not predispose to poliomyelitis.

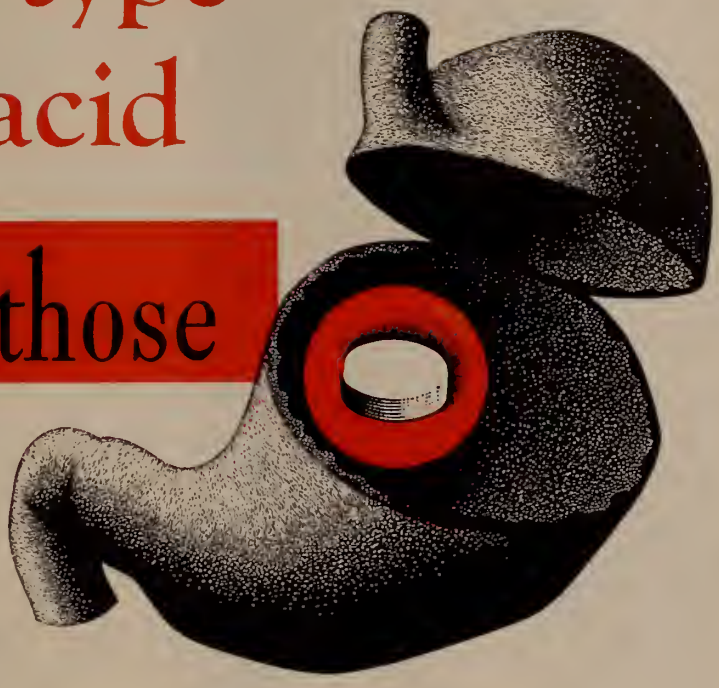
2. Many reporters have shown that if the disease does develop, the patient's chances of contracting the severe bulbar form are definitely increased if a recent tonsillectomy has been done.

3. In order to avoid the risk of bulbar poliomyelitis — although it is not great — operations

(*Continued on page* 46)

New type antacid

Carmethose



for better management of peptic ulcer

Carmethose gives prolonged control with no adverse effects

Carmethose promptly lowers gastric acidity, and its protective tenacious coating has been observed in the stomach for as long as three hours.[1]

Adult dose is 2 to 4 tablets or teaspoonfuls 4 times daily between meals.

Carmethose Tablets: *sodium carboxymethylcellulose, 225mg. and magnesium oxide, 75mg. Bottles of 100*

Carmethose Liquid: *5% concentration of sodium carboxymethylcellulose. Bottles of 12 oz.*

Advantages over adsorbent gels:

1. *Non-constipating*—hydrophilic gel promotes normal elimination.[1, 2]
2. *Reduction of acidity in two ways*—prompt action by ion exchange is followed by classical buffering action.
3. *Palatable*—small, easily swallowed tablets and pleasantly flavored liquid—preferred by patients.[2]

Advantages over soluble alkalis:

1. *No acid rebound*—effectively inhibits acid-pepsin activity, with no secondary hypersecretion.
2. *Protective coating*—mucin-like gel is rapidly formed and clings to ulcer crater and gastric mucosa.
3. *Non-systemic*—cannot disturb acid-base balance because it is non-absorbable.

1. Brick, I.B.: Amer. J. Dig. Dis., *In Press* 2. Bralow, Spellberg & Necheles: Scientific Exhibit #1112, A.M.A. Annual Session 1949

Ciba

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

CARMETHOSE—Trade Mark 2/1504M

(ammonia dermatitis)
DIAPER RASH
Diaparene
TABLETS THE ANTI-AMMONIACAL RINSE FOR NIGHT DIAPERS
+
OINTMENT THE WATER-MISCIBLE ANTI-BACTERIAL FOR DAY CARE


Prescribed together they—
ELIMINATE CAUSE OF DIAPER RASH!
WIDELY—DOCUMENTED
Pharmaceutical Division
HOMEMAKERS' PRODUCTS CORPORATION
380 Second Avenue, New York 10, N. Y.
36-48 Caledonia Road, Toronto 10, Canada
Please send me, without cost, literature and samples of DIAPARENE Tablets and Ointment to eliminate cause of diaper rash (ammonia dermatitis) and as an adjunct treatment and deodorant for the side effects of incontinence.
Dr.
Address
City Zone State
MAIL THIS COUPON TODAY

Physical Medicine (Continued)

on the nose and throat should not be done during epidemic months. However, during non-epidemic years the risk is minimal (one case in 2,000 operations). The risk from November to June is nil except in Texas and California, where the poliomyelitis season is longer.

THE CLINICAL MANIFESTATIONS OF ACUTE RADIATION ILLNESS N GOATS: COMMENTS ON THERAPY

Eugene P. Cronkite, Lieutenant Commander (MC) U.S.N. In U.S. NAVAL MEDICAL BULLETIN, 49:2:199, March-April, 1949.

The rate of delivery of ionizing radiation by explosion of an atomic bomb in air cannot be duplicated by other means such as x-ray tubes, radium, artificial radioisotopes, cyclotrons, or a chain reacting pile because of their inadequate output and small radiation fields. A unique opportunity to study the effects of high intensity, short duration, penetrating ionizing radiations upon animals was provided by the explosion of the atomic bombs during Operation Crossroads.

Summary and Conclusions

1. Goats exposed to the atomic bomb ionizing radiations are divided into four groups on the basis of the severity of the illness and their leukocyte response to the radiation.

GROUP 1, severest radiation illness, survived less than 6 days and developed an extremely marked depression of the leukocyte count and very severe signs. Sudden death was observed. There was no visible evidence of hemorrhage during life. Epilation was not seen. The mortality was 100 percent.

GROUP 2, severe radiation illness, survived 9 to 15 days and developed a less marked leukopenia. Signs were severe but appeared less rapidly. Definite hemorrhagic manifestations with a variable clotting defect occurred. Epilation was prominent. Mortality was 100 percent.

GROUP 3, less severe radiation illness, survived in excess of 44 days. Two are alive, 1½ years after irradiation. The signs were similar to group 2 but developed with less rapidity and severity. A moderate leukopenia was present. Hemorrhagic phenomena were less prominent and a clotting defect was not found. Epilation was minimal.

GROUP 4, mild radiation illness, survived

(*Continued on page* 48)

For mixed infections



In malodorous lesions, the wide antibacterial spectrum of Furacin frequently enables it to abate the odor rapidly. Such a benefit has been reported in cutaneous ulcers, diabetic gangrene, abscesses, chronic wounds and ulcerating malignant growths.* Furacin® brand of nitrofurazone, is available as Furacin Soluble Dressing (N.N.R.) and Furacin Solution (N.N.R.) containing 0.2 per cent Furacin. These preparations are indicated for topical application *in the prophylaxis or treatment of infections of* wounds, second and third degree burns, cutaneous ulcers, pyodermas and skin grafts. *Literature on request.*

EATON LABORATORIES, INC., NORWICH, N. Y.

*Downing, J. G. et al.: *Use of 5-Nitro-2-Furaldehyde Semicarbazone in Dermatology,* J. A. M. A. 133:299, 1947 • Shipley, E. R. et al.: *Clinical Observations on Furacin Soluble Dressing in the Treatment of Surface Infections,* Surg., Gynec. & Obst. 84:366, 1947 • McCollough, N. C.: *Treatment of Infected War Wounds with a Nitrofuran,* Indust. Med. 16:128, 1947 • Wawro, N. W.: *Newer Aspects of the Palliative Treatment of Cancer,* Connecticut State M. J. 12:17, 1948.

Edocet
Experientia

in excess of 184 days. Six of nine are alive 1½ years after irradiation. Signs were mild and of short duration. Hemorrhage, epilation, and rhinitis are absent.

2. The clinical picture in goats exposed to atomic bomb radiation is similar to that of man except for the absence of vomiting and the more rapid progression of signs.

3. Early appearance and rapid progression of signs presages an early death.

4. Penicillin and whole blood transfusions were used therapeutically. For lack of comparably exposed control animals definite conclusions cannot be drawn about the usefulness of these agents. The data suggest that they may be of value.

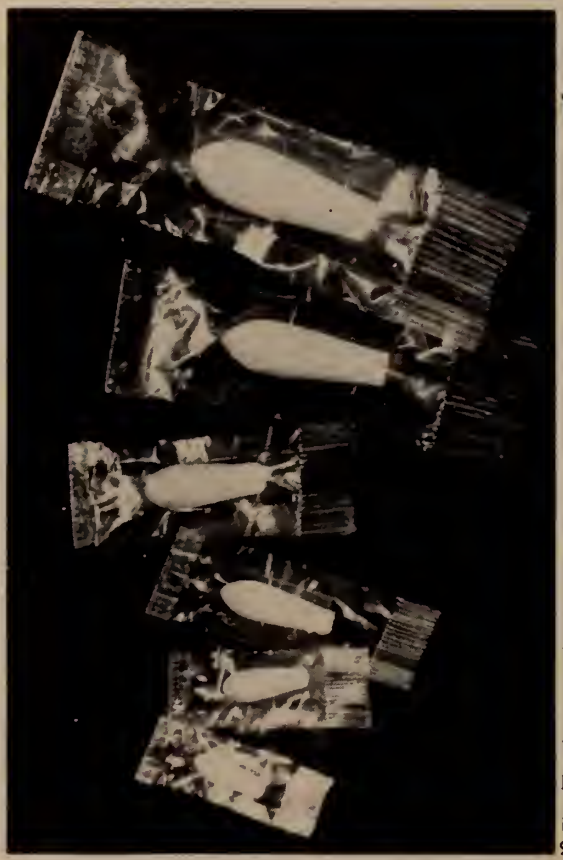
PRELMINARY REPORT ON THE TREATMENT OF ANTERIOR POLIOMEYLITIS WITH EXERCISE AND CURARE

W. D. Paul, M.D., and O. A. Couch, Jr., M.D., Iowa City. In ARCHIVES OF PHYSICAL MEDICINE, 30:5:277, May 1949.

With the increasing interest in anterior poliomyelitis, the therapy of this disease has been hard pressed to keep pace with the newer facts derived from sound experimentation. The purposes of this preliminary report are, first, to review briefly some of the recent physiologic studies of denervation and reinnervation of muscle and, second, to give the results of a regimen of treatment which embodies certain principles obtained from animal experimentation.

Although this series is not large, a few facts can be deduced. The acute phase of poliomyelitis can be treated adequately by physical means without the use of hot packs. The most important part of the early treatment is the use of exercise or stretching to relieve tightness and pain. In this series, exercise and stretching by themselves relieved only a few patients. In many it was impossible to carry out the desired range of motion because of pain. Curare enabled the therapist to carry out exercise or stretching. Those patients treated with hot packs and stretching required nine to one hundred and fifty more days to overcome stiffness and pain.

(*Continued on page 52*)



NEW

BETTER

- Prompt hemorrhoidal relief
- Effective decongestant action
- Rapidly emulsifying base
- No melting—no oily leakage
- Keeps at room temperature

NUMOROIDAL suppositories

Formula:
Ephedrine hydrochloride.....0.22%
Benzocaine.....5.00%
in a special emulsifying base.
Average weight of 1 suppository—1.8 Gm.
Numoroidal Suppositories are supplied in boxes of 12, individually packaged in moisture-proof cellophane.

NUMOTIZINE, INC.
900 N. Franklin Street • Chicago 10, Illinois



Schering

is pleased to announce that it has made available for use in the treatment of

PSORIASIS

SEVINON

specially purified undecylenic acid for oral administration

Attention has recently been drawn to "an interesting approach"[1] to the control of psoriasis and neurodermatitis. Perlman[2] has reported that following the oral use of undecylenic acid, psoriasis was relieved completely in 3 out of 17 patients, and was partially relieved in the remainder. "Relief of itching is sometimes noticed as early as two days after institution of treatment . . . undecylenic acid seems to hold a great deal of promise in the improvement and possible prevention of recurrences of psoriasis and neurodermatitis."[2]

SEVINON* is available in gelatin capsules containing 0.44 Gm. undecylenic acid, highly purified for oral use. The dosage employed by Perlman[2] corresponds to 5 to 6 capsules three times daily by mouth, continued in some cases for as long as six months.

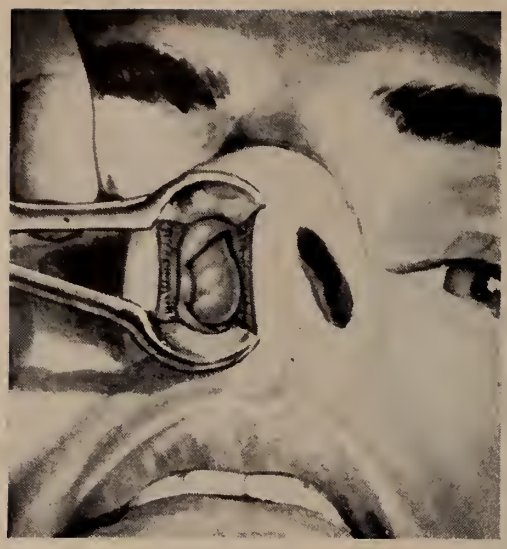
1. Undecylenic Acid and Psoriasis, editorial, J.A.M.A. 139:460, 1949.
2. Perlman, H. H.: J.A.M.A. 139:444, 1949.

*SEVINON trade-mark of Schering Corporation

Schering CORPORATION · BLOOMFIELD, NEW JERSEY

SEVINON

SCHERING



How Par-Pen's double action

helps you fight intranasal infection

Par-Pen provides: 1. The more rapid, more prolonged shrinkage of Council-accepted Aqueous Solution Paredrine Hydrobromide. The Paredrine promotes ventilation and drainage and thus facilitates bacteriostasis at the site of infection.

Par-Pen provides: 2. The potent antibacterial action of crystalline sodium penicillin—500 units per cc.. the optimal concentration for intranasal use. PAR-PEN does not inhibit ciliary action; and it does not irritate nasal mucosa.

Smith, Kline & French Laboratories. Philadelphia

PAR-PEN is packaged in 1 fluid ounce bottles. Crystalline sodium penicillin, 500 units per cc., in Aqueous Solution 'Paredrine' Hydrobromide 1%.

Par-Pen the penicillin-vasoconstrictor

combination for intranasal use

THE PLACE OF *Candy* IN THE *Balanced Diet*

In a carefully chosen, well balanced dietary providing all essential nutrients in proper amounts, there is adequate provision for foods which do more than merely satisfy nutrient needs—foods which are especially tempting to the palate. Candy is that kind of food.

Supplying valuable caloric food energy, it also imparts to a meal a finishing touch of which few other foods are capable. Candy, with its almost irresistible attraction, need not be denied children or adults providing the dietary is adequate in all other respects. In fact, candy at the conclusion of a meal imparts a feeling of satiety and a sense of having eaten well, both of which enhance the functioning of the digestive processes.

Many candies are made of valuable foods in addition to sugar—butter, milk, cream, eggs, nuts and peanuts—and to the extent these foods are present, candies contribute biologically adequate protein, vitamins, and minerals.

THE NUTRITIONAL PLATFORM OF CANDY

1. Candies in general supply high caloric value in small bulk.

2. Sugar supplied by candy requires little digestive effort to yield available energy.

3. Those candies, in the manufacture of which milk, butter, eggs, fruits, nuts, or peanuts are used, to this extent also—

(a) provide biologically adequate proteins and fats rich in the unsaturated fatty acids;

(b) present appreciable amounts of the important minerals calcium, phosphorus, and iron;

(c) contribute the niacin, and the small amounts of thiamine and riboflavin, contained in these ingredients.

4. Candies are of high satiety value; eaten after meals, they contribute to the sense of satisfaction and well-being a meal should bring; eaten in moderation between meals, they stave off hunger.

5. Candy is more than a mere source of nutriment—it is a morale builder, a contribution to the joy of living.

6. Candy is unique among all foods in that it shows relatively less tendency to undergo spoilage, chemical or bacterial.

This Platform is Acceptable for Advertising in the Publications of the American Medical Association

COUNCIL ON CANDY OF THE *National Confectioners' Association*

1 NORTH LA SALLE STREET CHICAGO 2, ILLINOIS



attacking arthritis at the G-I level

With so many arthritics exhibiting evidences of constipation and hypofunction of the gallbladder, liver and kidneys—it is today generally conceded that "proper handling of the gastro-intestinal tract . . . may in some cases be the most important factor in successful management."* The Occy-Crystine formula is frequently used with benefit—to provide effective, non-irritant cathartic and cholagogic action; it is also sulfur-bearing.

Composition: Occy-Crystine is a hypertonic solution of pH 8.4, made up of the following active ingredients—sodium thiosulfate and magnesium sulfate, to which the sulfates of potassium and calcium are added in small amounts, contributing to the maintenance of solubility.

*Nuzum, F. R.: In Diseases of the Digestive System, ed. by S. A. Portis, Lea & Febiger, 1944.

OCCY-CRYSTINE LABORATORY
Salisbury, Connecticut

occy-crystine

the sulfur-bearing saline eliminant

Physical Medicine (Continued)

The patients with mild disease requiring only stretching were relieved in from two to ten days. The group treated by stretching, aided by curare, was relieved of stiffness and pain in from two to seventeen days, except for two patients who were not properly stretched. In one of these the stiffness was present for forty-seven days, and in the other, for six months. There is nothing in the literature to show that curare has any curative effect, and the present work supports this contention. In this series, curare was used only as an aid in carrying out the most important part of the treatment—physical therapy. Excessive doses of the drug may obliterate the resistance felt during stretching, and under these conditions stretching might result in muscle injury. Fatigue is not an important factor and does not retard recovery. The method of treatment outlined is based on physiologic concepts and is simple to execute, economical and time saving.

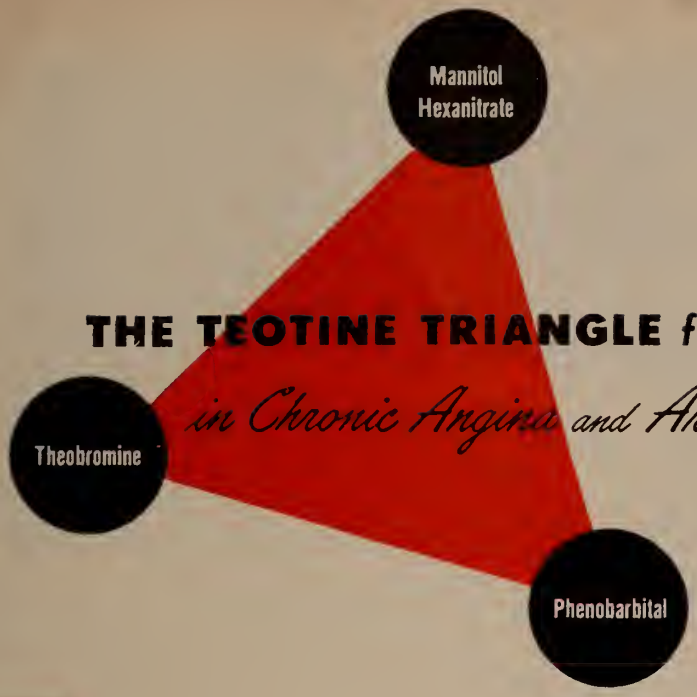
A NEW DEVICE FOR MEASURING MUSCLE STRENGTH: THE MYOMETER

Louis B. Newman, M.E., M.D., Chief, Physical Medicine Rehabilitation Service, Veterans Administration Hospital, Hines, Illinois. In ARCHIVES OF PHYSICAL MEDICINE, 30:4:234, April, 1949.

The myometer, a new device for accurately measuring muscle strength, has been described. It measures the resistance offered by a muscle in isometric contraction, the reading on the gauge being equal to the force necessary to overcome the isometric contraction of the muscle under test. It is extremely important when repeating muscle tests to use identical procedure and technic in order to assure identical conditions. Different physicians or therapists using the myometer on the same muscle or muscle groups with the same technic will secure practically identical results for the muscle strength readings.

This device is self contained, is light in weight and gives a direct reading. A maximum reading pointer eliminates the necessity of watching the gauge during the test, enabling the observer to concentrate on the muscle action. The three different ranges permit testing to be done up to a force of 60 pounds, which should adequately cover the ranges of muscles with subnormal

(*Continued on page* 56)



THE TEOTINE TRIANGLE *for long term use*

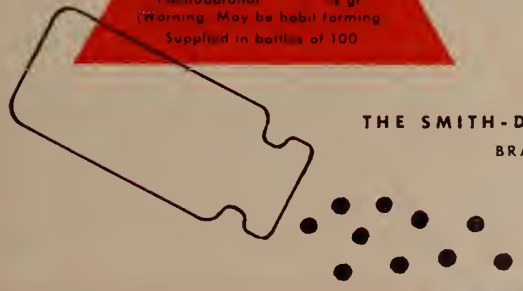
in Chronic Angina and Arterial Hypertension

Teotine gives the combined relief of: *mannitol hexanitrate*, vasodilator, causing 4- to 6-hour fall in blood pressure, and often relief from the pain of angina pectoris; *theobromine*, a complement to mannitol, affording prolonged vasodilation and diuretic action, with freedom from side effects and a tendency to decrease anginal attacks; *phenobarbital*, to ease typical tension states of hypertensive patients, and enhance effect of the other two drugs.

For continuous medication in chronic angina and arterial hypertension, clinical experience endorses Teotine.

Teotine-Dorsey

Each Teotine Tablet contains
Mannitol Hexanitrate ... gr
Theobromine 2½ gr
Phenobarbital ... gr
Warning: May be habit forming
Supplied in bottles of 100



THE SMITH-DORSEY COMPANY • Lincoln, Nebraska
BRANCHES AT LOS ANGELES AND DALLAS

MANUFACTURERS OF AL-SI-CAL POWDER • DORSEY
CAL-VATINE TABLET • DORSEY



Long lines of black ants attracted to madhumeha, "honey urine," led the ancient Hindu wise men to observe and recognize diabetic urine, which they described as "astringent, sweet, white and sharp." Avid insects became an acknowledged means of diagnosis. Almost equally primitive methods of urine-sugar detection remained in effect for a score or more of centuries, until modern copper reduction tests were perfected, refined and simplified.



Simplest of all today is the reliable *Ames* tablet method, performed in a matter of seconds. Urine-sugar levels are determined by direct, easily-learned steps. The use of *Clinitest* (Brand) reagent tablets has eliminated the inconvenience of external heating. Interpretation of routine urine-sugar testing follows readily from color scale comparison.

CLINITEST, trade mark reg. U.S. and Canada

centuries to perfect
seconds to perform

Clinitest®

for urine-sugar analysis

AMES

AMES COMPANY, INC • ELKHART, INDIANA



IN ACUTE AND CHRONIC *Sinusitis*

Bacitracin Nasal

CSC

Bacitracin-Nasal-C.S.C. provides the antibiotic properties of bacitracin and the vasoconstrictor influence of desoxyephedrine in an isotonic aqueous vehicle. It finds frequent application in acute and chronic sinusitis which so commonly complicate coryza. Bacitracin destroys many of the pathogens which flourish in the nasal passages and accessory nasal sinuses thus providing a means of directly combating infections in these structures. Desoxyephedrine by its local vasoconstrictor action improves ventilation and drainage, and enhances the effect of the bacitracin. Bacitracin-Nasal-C. S. C. may be administered by means of a nebulizing spray or by the Parkinson lateral head low position. Available in ½ ounce bottles on prescription at all pharmacies.

When dispensed by the pharmacist each cc. of Bacitracin-Nasal-C.S.C. provides: bacitracin approximately 250 units and desoxyephedrine hydrochloride 2.5 mg. (0.25%). The solution is stable at room temperature for 5 to 7 days; at refrigerator temperature for 3 to 4 weeks.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 E. 42ND ST., NEW YORK 17, N. Y.



Physical Medicine (Continued)

strength. When desired, the myometer can be held in clamp fastened to or pivoted from a table, stand or similair support.

The myometer is a valuable adjunct, leading to a more precise and scientific evaluation of impaired neuromuscular function and a more accurate determination of the effect and value of prescribed treatment.

A COMPARATIVE STUDY OF THE TEMPERATURES PRODUCED BY MICROWAVE AND SHORT WAVE DIATHERMY

James W. Rae, Jr., M.D., J. F. Herrick, Ph.D., Khalil G. Wakim, M.D., Ph.D., and Frank H. Krusen, M.D., Mayo Clinic, Rochester, Minn.

In ARCHIVES OF PHYSICAL MEDICINE, 30:4:199, April, 1949.

A comparison was made of the temperature produced in the tissues of trained dogs by four short wave diathermy machines and two microwave directors. Temperatures were measured by means of a thermistor and needle thermocouples and were recorded on a moving photographic film. Temperatures were determined after ten, twenty and thirty minutes of radiation.

The following observations were made:

(1) Before heating, the temperature gradient was from within outward—that is, from the warmer muscle to the less warm subcutaneous tissues and skin.

(2) After heating with microwave or short wave diathermy, this temperature gradient remained the same; from the superficial muscle layers to the skin. However, in muscles the gradient was reversed; from the warmer superficial layers to the less warm deeper layers.

(3) There was considerable variation in the temperatures produced by the different short wave generators.

(4) With the technics and dosages used in this study, the differences between th temperatures produced in the deep tissues by microwave director A and by some short wave generators were not significant.

(5) Higher temperatures were obtained after twenty minutes of heating with microwave director A and after thirty mimutes of such treatment. This phenomenon was not seen when short wave generators were used.

(6) Immediately after short wave diathermy, the temperatures of the deep muscle (3 cm. in

(Continued on page 58)



Gives the cough relief your patient wants...

Leaves the cough reflex he needs





In the average case, it's usually possible to control the patient's cough—but often it's a real problem to do it without impairing the cough reflex he needs to keep bronchioles and throat passages clear. That's where you'll find pleasant-tasting Mercodol unique!

For Mercodol contains the cough-controlling narcotic[1] that gives better antitussive action than codeine or heroin, yet keeps beneficial cough reflex . . . a superior bronchodilator[2] to relax plugged bronchioles . . . an effective expectorant[3] to liquefy secretions. And you'll find Mercodol notably free from nausea, constipation, retention of sputum, and cardiovascular and nervous stimulation.

MERCODOL®

AN EXEMPT NARCOTIC

The antitussive syrup that controls cough—keeps the cough reflex

Merrell
1828
CINCINNATI • U. S. A.

Each 30 c.c. contains:
[1]Mercodinone* 10.0 mg.
[2]Nethamine® 0.1 gm.
[3]Sodium Citrate 1.2 gm.
*Trademark.

depth) rose for a variable number of minutes. This phenomenon was not observed after treatment with microwaves.

(7) The ratio of the increase of temperature in the deep muscles to that in subcutaneous tissues was higher after microwave than after short wave diathermy.

THE RESPONSE OF PSYCHONEUROTIC PATIENTS AND NORMAL MEN AND WOMEN TO BRISK SUBMAXIMAL EXERCISE

Elizabeth B. Franseen, Ph.D., Jacob E. Finesinger, M.D., and Arthur L. Watkins, M.D., Boston.
In ARCHIVES OF PHYSICAL MEDICINE, 30:4:219, April, 1949.

(1) Normal healthy untrained men and women show wide variations in production of lactic acid and in respiratory, circulatory and metabolic determinations during and after three minutes of work equal to 2,079 and 1,287 Kg.-M., respectfully.

(2) Psychoneurotic patients in age, build an exercise history similar to the normal subjects also vary widely in the physiologic response to exercise. They demonstrate in most functions studied a greater variability about their means than do the normal subjects, and the means for the groups are essentially the same as those of the controls.

(3) During exercise and early recovery, the patients present average values for ventilation and heart rate closer to those for the normal groups than they did before the exercise.

(4) In the men the production of lactic acid appears to be quantitatively related to the ventilation coefficient (O_2/P.V.), whereas in the women it is more directly related to the excess amount of oxygen used during exercise and recovery and is independent of the actual pulmonary ventilation.

(5) The women, both controls and patients, showed themselves to be less fit for moderately hard activity than were the men, both controls and patients, even though their work load was less than that set for the men.

in psychosomatic and menopausal cases





Bellergal® gives excellent results in relieving the functional disturbances of anxiety states, and in gastric and cardiovascular neuroses.

For treatment of that part of the psychosomatic disorder which involves dysfunction of both the autonomic and central nervous systems, BELLERGAL contains the most effective combination of drugs.

ONLY BELLERGAL PROVIDES ALL THREE

1. Sympathetic inhibition with ergotamine tartrate.
2. Parasympathetic inhibition with Bellafoline.
3. Central sedation with phenobarbital.

Bellergal

SANDOZ®

Originality • Elegance • Perfection

SANDOZ PHARMACEUTICALS
Division of Sandoz Chemical Works, Inc.
NEW YORK 14, N Y • CHICAGO 6, ILL. • SAN FRANCISCO 8, CAL.

new

hypercholesterolemia

safe and effective reduction of blood cholesterol with lipotropic therapy

"Clinical and experimental observations indicate that lipotropic factors [choline, methionine and inositol] ... prevent or mitigate the deposition of cholesterol in the vascular walls of rabbits and chickens and seem to exert a decholesterolizing effect on atheromatous deposits in man, chickens and rabbits."[4]

These new findings suggest use of Methischol in the prevention and treatment of hypercholesterolemia and its consequent atherosclerosis ... especially in certain patients with cardiovascular conditions, diabetes, nephrosis, nephritis, hypothyroidism ... in whom elevated blood cholesterol and/or liver malfunction frequently occur.



methischol®

capsules and syrup

Suggested daily therapeutic dose of 3 tablespoonsful or 9 capsules contains:

*Choline Dihydrogen Citrate (Choline ... 1 Gm.)**	*2.5 Gm.*
dl-Methionine	*1.0 Gm.*
Inositol	*0.75 Gm.*
Liver Fractions from	*36.0 Gm. liver*

**present in syrup as 1.15 Gm. choline chloride*



samples and literature on methischol, please:

Dr.....

address.....

city..... zone.....state.....

©U. S. VITAMIN CORPORATION, NEW YORK, N. Y.

lipotropic therapy in liver disorders

cirrhosis
fat infiltration
functional impairment • toxic hepatitis
infectious hepatitis

METHISCHOL supplies three of the "most important"[1] lipotropic agents (methionine, choline, inositol) in a liver extract base . . . to favor the transport of fat from the liver to fat depots of the body.

Even "cirrhosis of the liver is no longer a hopeless, incurable disease . . . Recent reports show that many patients with hepatic cirrhosis can improve or recover"[2] with specific lipotropic substances, liver extract, and nutritional management.[3]

methischol

lipotropic methionine, choline, inositol in a liver extract base.

Supplied in bottles of 100, 250, 500 and 1000 capsules, and 16 oz. and one gallon syrup.

Write for Samples and Literature

Postage Will Be Paid by Addressee

No Postage Stamp Necessary If Mailed in the United States

BUSINESS REPLY CARD
First Class Permit No. 25016 (Sec. 510 P. L. & R.) New York, N. Y.

U. S. VITAMIN CORPORATION
CASIMIR FUNK LABORATORIES, INC. (affiliate)
250 East 43rd Street
New York 17, N.Y.

1. Broun, G. O.: *Postgraduate Med.* 4:203, 1948.
2. White, B. V.: *Amer. Practitioner* 2:709, 1948.
3. Morrison, L. M.: *J. A. M. A.* 134:673, 1947.
4. Hueper, W. C.: *Med. Clinics of North America* May 1949.



Your Patients...

And the Meat They Eat

The established relationship between sound dietary planning and a state of maintained good health emphasizes the nutritional importance of meat, man's favorite protein food.

Not only does meat taste good, but of greater significance, it provides a host of nutritional benefits. Developments in the field of nutrition* have proved that complete protein—the kind that meat supplies in abundance—aids in building and maintaining immunity, hastens recovery after acute infectious diseases and following injury and burns, promotes health during pregnancy, aids in the growth and development of husky children, and is needed to maintain everyone in top physical condition.

No matter from what walk of life your patients come, and whether their pocketbooks demand economy or permit satisfaction of that urge for the fanciest cuts, meat gives them full value for their money.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

*McLester, J. S.: Protein Comes Into Its Own, J.A.M.A. *139*:897 (April 2) 1949.

American Meat Institute

Main Office, Chicago...Members Throughout the United States



Good Nutrition..

A VITAL FACTOR IN THERAPY

The sound and wholesome nutritious diet is an integral part of modern day preventive and definitive therapy. A steady stream of adequate amounts of all the essential nutritional elements is vital for good growth, maintenance of tissue structure and functioning, healing after trauma, and resistance to infection. For maintaining this daily, steady stream of nutrients, however, conditions both in health and illness often make imperative the use of an efficient food supplement along with the diet.

The *multiple dietary food supplement* Ovaltine in milk has wide usefulness for enhancing to full adequacy even nutritionally poor diets. Its rich store of vitamins and minerals includes vitamins A and D, ascorbic acid, thiamine, riboflavin and niacin, and calcium, iron and phosphorus. Its nutritionally complete protein has excellent biologic rating.

Since these vital nutritional values along with carbohydrate and easily emulsifiable milk fat are incorporated in liquid suspension or solution, Ovaltine in milk is also especially adapted to liquid diets. The highly satisfying flavor makes for its ready acceptability when foods are often distasteful.

The important overall nutrient contribution of three glassfuls of Ovaltine mixed with milk is presented in the accompanying table.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



Ovaltine

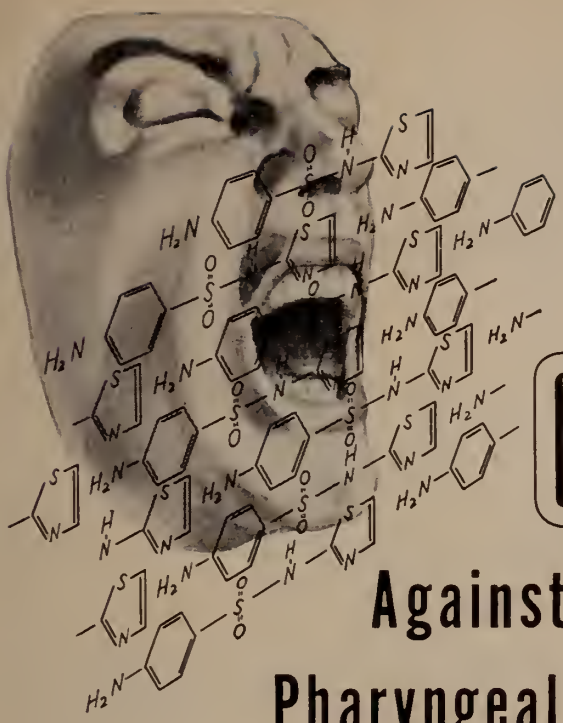
Three servings of Ovaltine, each mode of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	676	VITAMIN A	3000 I.U.
PROTEIN	32 Gm.	VITAMIN B_1	1.16 mg.
FAT	32 Gm.	RIBOFLAVIN	2.0 mg.
CARBOHYORATE	65 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30.0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12 mg.	COPPER	0.5 mg.

*Based on average reparted values far milk.

Two kinds, Plain and Chocolate Flavored. Serving for serving, they are virtually identical in nutritional content.





Chemoprophylaxis Against Pharyngeal Infections

SAFE, TOPICAL METHOD

In Neiman's study* on chemoprophylaxis with White's Sulfathiazole Gum conducted over a 9-month period on 199 medical students:

1. The incidence of primary pharyngitis in the treated group was *less than half* that in the controls. A less marked, but statistically significant, decrease was also observed in the incidence of colds and irritational pharyngitis.
2. "It is worthy of note that the mouths of over 100 persons were exposed to the drug in concentrated form daily for eight months, *with no untoward effects.*"

As with the therapeutic use of Sulfathiazole Gum, the prophylactic application is safe because it is topical. In this series, for example, repeated examination of blood samples from unselected individuals in no case gave a positive test for sulfathiazole.

The dosage in these experiments was one to three tablets a day—an obviously economical procedure. No reactions were observed.

White's **SULFATHIAZOLE GUM**

SAFE, TOPICAL CHEMOTHERAPY

Supplied in packages of 24 tablets—3¾ grs. (0.25 Gm.) per tablet—sanitaped in slip-sleeve prescription boxes.

WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

*Neiman, I. S.: Prophylactic Value of Sulfathiazole, Archives of Otolaryn. *47*:158-164 (Feb.) 1948.

BOOK REVIEWS



Medicine Throughout Antiquity: By Benjamin Lee Gordon, M.D., Member American Association of the History of Medicine and American Academy of Ophthalmology and Otolaryngology, etc.; Foreword by Dr. Max Neuburger. 157 Illustrations. F. A. Davis Company, Publishers, Philadelphia, 1949. Price $6.00.

The author has devoted a great deal of time to portraying medicine throughout antiquity step by step, beginning in the prehistoric era and working down through the ages to the days when medical histories began to appear. The practice of the ancient doctors in many lands is presented in a most interesting manner and in a way which makes it of unusual interest to the student, the practitioner interested in medical history, or to the historian himself.

There are many references in detail to discoveries in archeology and anthropology which have further enlightened the research individuals capable of interpreting these findings from the standpoint of their medical implications. Realizing the fact that the field is so large and that so much literature has been developed over a period of time, it has been a herculean task on the part of the author to give his own evaluation in determining what material should be presented.

The book is divided into two parts: the first, Prehistoric and Photohistoric Medicine, and the second, The Greco-Roman Period. There are many references to medical and health information as presented in the Bible to which the author has given an interpretation which, although entirely logical, is frequently overlooked by the casual reader.

Primitive concepts of disease and death, nature worship and medicine, and information concerning the early treatment of disease, are well brought out. In the second part, beginning with the Dawn of Greek Medicine, the author tells about the influence of philosophy on medicine and the reader will be intensely interested in the chapters dealing with Hippocrates as a teacher, clinician and practitioner. Likewise interesting data is included in the material dealing with the disciples of Hippocrates who carried on subsequent to the death of this great father of modern medicine.

Through the ages during this long period, historical data concerning many others who added materially to the meager medical knowledge of the times are discussed in detail. The chapter on Galen, his writings, teachings and the development of the Galenic school of medicine are of intense interest.

The many illustrations add materially to the value of the book. It is quite obvious that Doctor Gordon has given to the medical profession, teachers and historians a most valuable addition to the story of medicine of the past, and the gradual development of medicine as a true science as it is seen today.

Blood Transfusion. Elmer L. DeGowin, M.D., Robert C. Hardin, M.D. and John B. Alsever, M.D. 587 pages with 200 diagrammatic drawings. W. B. Saunders Company, Philadelphia, 1949; Price $9.00.

Blood transfusion service today is available in all hospitals. There have been a number of books covering the field of hematology in which chapters have been devoted to the subject of transfusion, but prior to the development of this book there was probably not one book dealing solely with the many problems in connection with the organization and operation of a blood transfusion service. Although recognizing the fact that the major need in the treatment of patients is whole blood, the book is not limited to this consideration alone.

Plasma and its derivities are likewise considered in detail in the book. Factual information concerning the organization of blood banks, the administration of blood, plasma and the substitutes, laboratory procedures,

(*Continued on page* 68)

INTRODUCING...



THE KOROMEX JELLY REFILLABLE UNIT

Physicians acclaim the new Karomex all inclusive cantraceptive unit. This fine container is ivory-colored plastic, permanent, dust-proof, attractive far hame use and ideal for traveling. It contains twa regular size tubes of Koromex Jelly which rest in individual compartments . . . a Koramex Diaphragm stored in the ingeniously constructed cover compartment . . . and a Karomex Measured Dose Plunger Applicator that rests securely an its awn rack.

Where pregnancy is contra-indicated, recommend the complete Koromex Jelly Refillable Unit to your discriminating wamen patients.

For those of your patients wha require a slightly less lubricating but equally effective spermicidal preparation, a similar companion package containing twa tubes of Karomex Cream instead of Koromex Jelly is alsc available.

ACTIVE INGREDIENTS: BORIC ACID 2.0% OXYQUINOLIN BENZOATE 0.02% AND PHENYLMERCURIC ACETATE 0.02%, IN SUITABLE JELLY OR CREAM BASES.

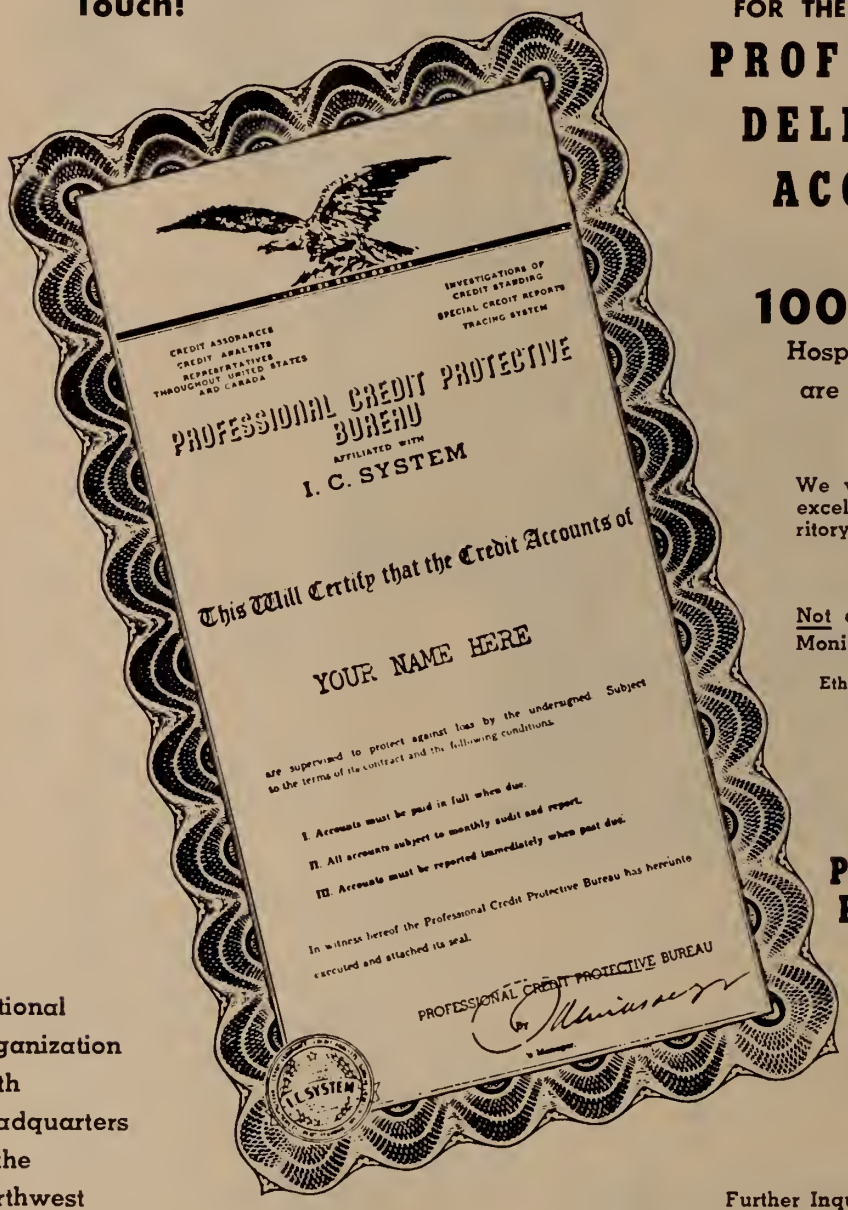
KOROMEX
TRADE MARK REGISTERED
"A CHOICE OF PHYSICIANS"

HOLLAND-RANTOS COMPANY, INC., 145 HUDSON STREET, NEW YORK 13, N. Y.

MERLE L. YOUNGS • PRESIDENT

The "Ethical" Collection Service

with the Velvet Touch!



FOR THE COLLECTION OF

PROFESSIONAL DELINQUENT ACCOUNTS

1000 Doctors

Hospitals and Clinics are satisfied clients

We will furnish references of excellent service in your territory.

Not a Collection Agency—All Monies Paid Directly to You.

Ethical, Courteous, Effective—Retains Good Will

Professional Credit Protective Bureau

DIVISION OF
THE I. C. SYSTEM
310 Phoenix Bldg.
Minneapolis, Minn.

A National Organization With Headquarters in the Northwest

OFFERED AND RECOMMENDED BY

Minn. Auto Dealers Ass'n	NW Ret. Feed Ass'n
Minn. Ret. Hdwe. Ass'n	NW Ret. Coal Ass'n
Minn. Elec. Council	NW Petroleum Ass'n
Northwest Retailers	Cent. Co-op Wholesalers
N.D. Imp. Dealers Ass'n	N.D. Auto Dealers Ass'n

Illinois Material & Lumber Dealers Ass'n.
Illinois Retail Hardware Ass'n.
Northwest Retail Lumbermen's Ass'n

and thirty-four other trade associations from coast to coast

Further Inquiry Invited

FILL OUT AND MAIL COUPON NOW

Professional Credit Protective Bureau
310 Phoenix Building
Minneapolis, Minn.
Gentlemen:

Without obligation, please send complete information regarding this service.

Name

Address

City State

CHECK LIST

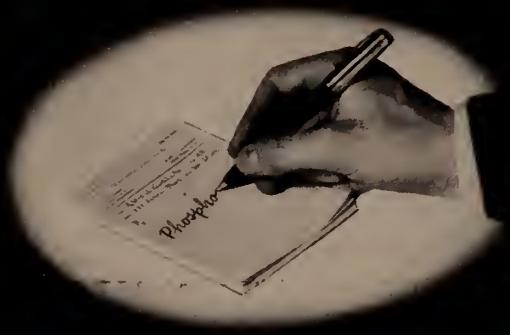
for choice of a laxative

Phospho-Soda (FLEET)	TYPE OF ACTION
✓	Prompt action
✓	Thorough action
✓	Gentle action

	SIDE EFFECTS
✓	Free from Mucosal Irritation
✓	Absence of Constipation Rebound
✓	No Development of Tolerance
✓	Safe from Excessive Dehydration
✓	No Disturbance of Absorption of Nutritive Elements
✓	Causes no Pelvic Congestion
✓	No Patient Discomfort
✓	Nonhabituating
✓	Free from Cumulative Effects

	ADMINISTRATION
✓	Flexible Dosage
✓	Uniform Potency
✓	Pleasant Taste

Phospho-Soda (Fleet) is a solution containing in each 100 cc. sodium biphosphate 48 Gm. and sodium phosphate 18 Gm.



Judicious Laxation

...through freedom from undesirable side effects

The clinical preference for Phospho-Soda (Fleet)* stems in large part from its freedom from undesirable side effects. This desideratum, together with its controlled action and ease of administration, assure safe, effective anticostive therapy from every prescription of this "tried and true" laxative agent. Clinical samples on request.

C. B. FLEET CO., INC. · LYNCHBURG, VIRGINIA

*"PHOSPHO-SODA" and "FLEET" are registered trade-marks of C. B. Fleet Co., Inc.



PHOSPHO-SODA
(FLEET)
®

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION

BOOK REVIEWS (Continued)

and many other things of equal importance in this therapeutic field, are well discussed in the book.

The book is well arranged and is most interesting reading for anyone at all interested in modern medical achievements, and realizing the fact that every physician today must be prepared and capable of procuring, typing, cross matching and administering blood and plasma in many medical conditions, as well as following accidents, it should be available for physicians everywhere. Likewise this is an excellent reference book for the student who will eventually be compelled to perform similar procedures in the hospital and home. The book should be readily available in the office of practitioners everywhere, and should be found in the modern medical libraries.

Atlas Of Oral And Facial Lesions. Published by The Williams & Wilkins Company, 1948. Price: $80.00.

Dr. Ralph Brodsky has compiled a most comprehensive and instructive atlas of oral and facial lesions that is made all the more interesting because of the meticulous study and care utilized in the preparation of each slide for its separate consideration.

The atlas contains 100 colored slides of the 35 mm. type and covers in these 100 slides almost every pathological condition seen about the face and mouth, together with some of the more rare forms. Each description is a separate chapter and goes into the condition from a pathological and ediological standpoint. There is also an excellent review in each condition as to the prevailing therapy.

The atlas is, of course, of most interest to the otolaryngologist and the maxillo-facial and oral surgeon. As it finds its main use with a slide projector, it is of great value for study groups and those surgeons seeking advanced instruction in this field. We feel that it is a most valuable contribution and will aid greatly in expanding the field of diagnosis in this subject.

J. A. H.

Neurology. Grinker, Roy R., M.D., director of The Institute for Psychosomatic and Psychiatric Research and Training and Chairman, The Department of Neuropsychiatry of the Michael Reese Hospital, Chicago, Illinois. Bucy, Paul C., M.D., Professor of Neurology and Neurological Surgery University of Illinois College of Medicine, Chicago, Illinois. Fourth Edition. 1145 pages. Price: $12.50. Pub. Charles C. Thomas, Springfield, Illinois.

The fourth edition of Neurology by Grinker and Bucy has been completely revised and may be considered as one of the outstanding textbooks in this specialty. The

(*Continued on page 70*)

SPECIFIC DESENSITIZATION is the aim in Ragweed Pollinosis..

"The antihistaminic drugs "do not replace the more lasting benefit obtainable by successful specific . . . desensitization."
Feinberg, S. M.: Postgrad. Med. 3: 92 (1948).

"Apparently, desensitization treatment is still the method of choice, and the antihistaminic drugs cannot be considered as substitutes."
Levin, L.; Kelly, J. F., and Schwartz, E.: New York State J. Med. 48: 1474 (1948).

The antihistaminic drugs "are valuable additions to our armamentarium, but do not . . . supplant the specific desensitizing injections."
Brown, G. T.: M. Ann. District of Columbia 16:675 (1947).

Pollen desensitization "still remains the treatment of choice in hay fever."
Rosen, F. L.: J. M. Soc. New Jersey 45: 390 (1948).

DIAGNOSTIC AND TREATMENT SETS

State Pollen Diagnostic Sets ($7.50): Dry pollen allergens selected according to state; 1 vial house-dust allergen. Material for 30 tests in each vial.

Stock Treatment Sets ($7.50): Each consisting of a series of dilutions of pollen extracts for hyposensitization, with accompanying dosage schedule. Single pollens or a choice of 21 different mixtures. Five 3-cc. vials in each set—1:10,000, 1:5,000, 1:1,000, 1:500, and 1:100 concentrations.

Special Mixture Treatment Sets ($10.00)
Mixtures of pollen extracts specially prepared according to the patient's individual sensitivities. Ten days' processing time required.

Arlington offers a full line of patent, carefully prepared, and properly preserved allergenic extracts for diagnosis and treatment—pollens, foods, epidermals, fungi, and incidentals.

Literature to physicians on request.

Arlington

THE ARLINGTON CHEMICAL COMPANY
YONKERS 1, NEW YORK

Dilaudid hydrochloride

(dihydromorphinone hydrochloride)

COUNCIL ACCEPTED



Powerful opiate analgesic - dose, 1/32 grain to 1/20 grain.

Potent cough sedative - dose, 1/128 grain to 1/64 grain.

Readily soluble, quick acting.

Side effects, such as nausea and constipation, seem less likely to occur.

An opiate, has addictive properties.

Dependable for relief of pain and cough, not administered for hypnosis.

● Dilaudid is subject to Federal narcotic regulations. Dilaudid, Trade Mark Bilhuber.

Bilhuber-Knoll Corp. Orange, N. J.

for Fifty Years

PROFESSIONAL PROTECTION

EXCLUSIVELY

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

CHICAGO: T. J. Hoehn, E. M. Breier and W. R. Clouston, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 2-0990—ROCHESTER: F. A. Seeman, Representative, Tel. Rochester 6481



FULLY APPROVED BY THE
AMERICAN COLLEGE OF SURGEONS

NORTH SHORE HEALTH RESORT

WINNETKA, ILLINOIS

on the Shores of Lake Michigan

A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock

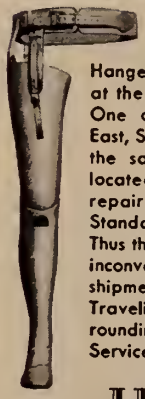
Samuel Liebman, M.S., M.D.
Medical Director

225 Sheridan Road Phone Winnetka 211

HANGER

provides service and repairs

COAST TO COAST



Wherever the Hanger Wearer may live or travel, he can feel assured that his Hanger Artificial Limb will be properly serviced at the nearest Hanger office.
One or more offices in every section—North, East, South, and West—render Hanger Wearers the same high quality service. Conveniently located in many key cities, each offers complete repair facilities and carries a full line of Hanger Standard parts and supplies.
Thus the Hanger Wearer is caused a minimum of inconvenience and discomfort. Long waits for shipments from distant factories are eliminated. Traveling representatives cover many areas surrounding the offices. In such areas, Hanger Service is brought literally to Hanger Wearers.

HANGER ARTIFICIAL LIMBS

527-529 Wells St., Chicago 7, Illinois
1912-14 Olive St., St. Louis 3, Missouri

BOOK REVIEWS (Continued)

scope is such that it is adaptable to either student or practitioner. The collaboration with a neurosurgeon has added a wider clinical experience and a broader perspective of the subject than would otherwise be obtained from a wholly medical viewpoint. The book includes an extensive bibliography and index.

J. W. F.

BOOKS RECEIVED

The following books have been received for reviewing and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

TEXTBOOK OF MEDICAL TREATMENT: By Various Authors. Edited by D. M. Dunlop, B.A., (Oxon), M.D., F.R.C.P. (Edin.), F.R.C.P. (Lond.), Professor of Therapeutics and Clinical Medicine, University of Edinburgh; Physician, Royal Infirmary, Edinburgh; L. S. P. Davidson, B.A. (Camb.), M.D., F.R.C.P. (Edin.), F.R.C.P. (Lond.), M.D. (Oslo) Physician, H.M. The King in Scotland; Professor of Medicine and Clinical Medicine, University of Edinburgh; Physician, Royal Infirmary, Edinburgh; Formerly Regius Professor of Medicine, University of Aberdeen; J. W. McNee, D.S.O., D.Sc., M.D. (Glas.),

in whooping cough

ELIXIR BROMAURATE

IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. **NEW YORK CITY**



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. — *Medical Director*

Barclay J. MacGregor — *Registrar*

33 GENEVA ROAD,
WHEATON, ILLINOIS
(near Chicago)

F.R.C.P. (Edin.), F.R.C.P. (Lond.), Physician, H. M. The King in Scotland; Regius Professor of Practice of Medicine, University of Glasgow; Physician, Western Infimary, Glasgow; Consulting Physician, University College Hospital, London. Fifth Edition. Baltimore, The Williams and Wilkins Company, 1949. Price $8.50.

INDUSTRIAL TOXICOLOGY: Lawrence T. Fairhall, Scientist Director, Public Health Service, Federal Security Agency; Chief, Industrial Hygiene Laboratory, Industrial Hygiene Division. Baltimore, The Williams & Wilkins Company, 1949. Price $6.00.

TREATMENT IN PROCTOLOGY: By Robert Turell, B.S., M.D., Attending Proctologist, Hillside Hospital; Adjunct Surgeon in Proctology, Montefiore Hospital; Adjunct Surgeon in Proctology, Beth Israel Hospital; Senior Clinical Assistant, Rectal Clinic, Mount Sinai Hospital, New York. With a Chapter on Psychosomatic Problems by Louis Linn, M.D., Baltimore, The Williams & Wilkins Company, 1949. Price $7.00.

AMERICAN ECONOMIC SECURITY: Special Issue on "Your Community and the Nation's Health Progress". Proceedings of Fourth National Conference on Social Security. The Chamber of Commerce of the United States, Washington, D. C. Single copies available at $1.00; quantity discount.

ATLAS OF ROENTGENOGRAPHIC POSITIONS: By Vinita Merrill while Educational Director, Picker X-Ray Corporation. In Two Volumes. St. Louis, The C. V. Mosby Company, 1949. Price $30.00.

COSTEFF SANITARIUM

Mental and Nervous Disorders
Alcoholism and Drug Addiction

- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois

HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 **Literature on request.**



Fairview Sanitarium

2828 S. PRAIRIE AVE.
CHICAGO 16
Phone CAlumet 5-4588
Registered with the American Medical Association,

FOR THE DIAGNOSIS AND TREATMENT OF

MENTAL and NERVOUS DISORDERS

featuring all recognized forms of therapy including —

ELECTRONARCOSIS
ELECTRIC SHOCK
HYPERPYREXIA
INSULIN

NEWEST TREATMENTS FOR ALCOHOLISM
J. DENNIS FREUND, M.D.
Medical Director and Superintendent

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

16 East Ohio Street . . . Phone Delaware 6770



ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death **$8.00**
$25 weekly indemnity, accident and sickness Quarterly
$10,000.00 accidental death **$16.00**
$50 weekly indemnity, accident and sickness Quarterly
$15,000.00 accidental death **$24.00**
$75 weekly indemnity, accident and sickness Quarterly
$20,000.00 accidental death **$32.00**
$100 weekly indemnity, accident and sickness Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

Cost has never exceeded amounts shown.

85c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS — **$16,000,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

47 years under the same management

400 First National Bank Building — OMAHA 2, NEBRASKA

BOOKS RECEIVED (Continued)

THE PRACTICE OF REFRACTION: By Sir Stewart Duke-Elder, K.C.V.O., M.A., D.Sc., (St. And.), Ph.D., (Lond.), M.D., F.R.C.S., Hon. D.Sc., (North Western). Surgeon-Oculist to H.M. The King; Knight of Grace of the Order of St. John; Consulting Ophthalmic Surgeon to the Army and the Royal Air Force; Director of Research, Institute of Ophthalmology, University of London; Consulting Ophthalmic Surgeon, Moorfields Westminister and Central Eye Hospital; Ophthalmic Surgeon, St. George's Hospital. Fifth Edition with 216 Illustrations. St. Louis, The C. V. Mosby Company, 1949. Price $6.25.

SHEARER'S MANUAL OF HUMAN DISSECTION: Edited by Charles E. Tobin, Ph.D., Associate Professor of Anatomy, The University of Rochester School of Medicine and Dentistry. Second Edition. The Blakiston Company, Philadelphia and Toronto. 1949. Price $4.50.

THE SCIENCE AND ART OF JOINT MANIPULATION: By James Mennell, M.A., M.D., B.C., (Cantab.) etc. Consulting Physician in Physcial Medicine, St. Thomas's Hospital, and former Lecturer to the Physiotherapy Training School; Hon. Fellow Chartered Society of Physiotherapy; One time visiting Associate Professor of Physical Medicine, University of Southern California; Awarded the Golden Keys with Life Membership of the American Congress of Physical Medicine, and The American Physical

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est 1907 by Dr Theodore B Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head M.D.—Chief of Staff

Ideally situated — beautiful landscaped surroundings — modern buildings and equipment

A-A rating by Illinois Department of Health

Full approval of the American College of Surgeons

Active Institutional member of the American Hospital Association

For detailed information apply to—

Business Office at the Sanatorium

Telephone Naperville 450

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Physician

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

Therapy Association. Vol. I — The Extremities. Second Edition. With 299 Illustrations. The Blakiston Company, Philadelphia and Toronto, 1949. Price $7.50.

An Account Of The Schools Of Surgery, Royal College Of Surgeons, Dublin, 1789-1948. By J. D. H. Widdess, M.A., (Dublin), L.R.C.P. & S.I., Librarian and Lecturer in Biology, R.C.S.I. Foreword by William Doolin, F.R.C.S.I., Hon. Librarian, Royal College of Surgeons in Ireland. Editor of the Irish Journal of Medical Science. The Williams and Wilkins Company, Baltimore, 1949. Price $5.00.

Essentials Of Orthopaedics: By Philip Wiles, M.S., (Lond.), F.R.C.S. (Eng.), F.A.C.S., Hon. Orthopaedic Surgeon, Middlesex Hospital and King Edward Memorial Hospital; Consulting Orthopaedic Surgeon, Royal Surrey County Hospital; Formerly: Brigadier, A.M.A., Consulting Surgeon, (Orthopaedics), Middle East Force, and Persia and Irak Force; and Consulting Surgeon, Eastern Command, India and 12th Army, S.E.A.C. With 7 Color Plates and 365 Text Figures. The Blakiston Company, Philadelphia and Toronto, 1949. Price $10.00.

A Textbook Of Neuropathology: With Clinical, Anatomical and Technical Supplements: By Ben W. Lichtenstein, B.S., M.S., M.D., Associate Professor of Neurology, the University of Illinois College of Medicine; State Neuropathologist, Illinois Neuropsychiatric Institute. New, 1st Edition. 474 pages with

(Continued on page 76)

Central X-Ray & Clinical Laboratory

COMPLETE MEDICAL X-RAYS & LABORATORY SERVICE, INCLUDING:
Electroencephalograms
Gastroscopic Examinations
Retrograde Pyelograms

24 Hour Switchboard Service

111 NO. WABASH AVENUE
PHONE DEarborn 2-6960

BELLEVUE PLACE

For NERVOUS and MENTAL DISEASES

★

Edward Ross, M.D., Medical Director
BATAVIA ILLINOIS — PHONE BATAVIA 1520

City View Sanitarium

● FOR THE DIAGNOSIS AND TREATMENT OF MENTAL AND NERVOUS DISORDERS, ALCOHOLISM AND DRUG ADDICTIONS.

Established in 1907 by the late John W. Stevens, M.D. 52 acres near city. Separate buildings for men and women. Two full time psychiatrists. Electric shock and insulin therapy in selected cases. Occupational therapy. Physiotherapy department. Adequate laboratory facilities.

Nashville 4, Tennessee

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 70

CLASSIFIED

Classified Advertisements 76

FOODS

American Meat Institute, Chicago 61
Borden's, New York 17 24
Coca Cola, Atlanta, Ga.
Mead Johnson & Co., Evansville, Ind. ... Inside Back Cover
National Confectioner's Assn., Chicago 2 51
Wander Company, 360 N. Michigan Ave., Chicago 62

FINANCIAL AND INSURANCE

I. C. System, Minneapolis 66
Medical Protective Co., Fort Wayne, Indiana 69
Physician Casualty Co., Omaha, Neb. 72

GENERAL

Abbott Laboratories, North Chicago, Illinois 28
Ames Co., Inc., Elkhart, Ind. 13, 54
The Arlington Chemical Co., Yonkers, N. Y. 68
Armour Laboratories, Chicago 9, Ill.
Ayerst, McKenna & Harrison Ltd., New York 16 27
Bilhuber Knoll Corp., Orange, N. J. 69
Bristol Laboratories, Inc., Syracuse 1, N. Y.
Burroughs Wellcome & Co., Inc., Tuckahoe 7, N. Y. .. 31
The Central Pharmacal Co., Seymour, Ind. 36
Ciba Company, Summit, N. J. 4, 45
Commercial Solvents Corp., Terre Haute, Ind. 12, 55
Doho Chemical Corp., New York 13, N. Y.
Eaton Laboratories, Inc., Norwich, N. Y. 47
Endo Products Inc., Richmond Hill 18, N. Y. 38
C. B. Fleet Co., Inc., Lynchburg, Va. 67
Gold Pharmacal Co., New York 70
Hoffman-LaRoche, Inc., Nutley, N. J. 15
Holland-Rantos Co., Inc., 551 Fifth Ave., New York 65
Homemakers' Products Corp., New York 10, N. Y. 46
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 56
International Vitamin Corp., 22 E. 40th St., New York City
E. E. Kunze, Inc., Milwaukee 4
Lanteen Medical Laboratories, Chicago 10
Lederle Laboratories, New York 20 11
Thos. Leeming & Co., Inc., New York 17 3
Lily, Eli & Co., Indianapolis, Ind. 39, 40
S. E. Massengill Co., Bristol, Tenn.
McKesson & Robbins, Inc., Bridgeport, Conn.
Merck & Co., Rahway, N. J. 29
Wm. S. Merrell, Cincinnati 10, 37, 57
Morris, Philip & Co., 119 Fifth Ave., New York
Nepera Chemical Yonkers, N. Y.
Num Specialty Co., Pittsburgh, Pa. 71
Numotizine, Inc., Chicago 10 48
Occy-Crystine Laboratory, Salisbury, Conn. 52
Organon, Orange, N. J. 25
Parke, Davis & Co., Detroit, Mich. 17
Plastishield, Inc., Minneapolis
Reed & Carnrick, Jersey City 6, N. J.
Reynolds & Co., R. J., Winston-Salem, N. C. 18
A. H. Robins Co., Inc., Richmond 20, Va. 19, 20, 34
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago
Sandoz Pharmaceuticals, New York 14 58
Schenley Laboratories, Inc., N. Y. 1, N. Y.
Schering Corp., Bloomfield, N. J. 23, 49
Schieffelin & Co., New York 3
Schmid, Julius, Inc., 423 W. 55th St., New York City ..
G. D. Searle & Co., P. O. Box 5100, Chicago
..... Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago 14
Smith Dorsey Co., Lincoln, Nebr. 53
Smith, Kline & French, Philadelphia 6, 21, 33, 41, 50, 75
E. R. Squibb & Co. 30
The Tarbonis Co., Cleveland 3, Ohio
Upjohn Co., Kalamazoo, Mich. 42
U. S. Vitamin Products, Inc., New York 59, 60
Walker Vitamin Products, Inc., New York
Wm. R. Warner & Co., 113 W. 18th St., New York 26
Whittaker Laboratories, Inc., New York City 5
White Laboratories, Inc. 8, 9, 22, 35, 43, 63
Winthrop Stearns Co., 70 Varick St., New York 16
Wyeth Incorporated 32
Zemmer Co., Pittsburgh, Pa. 76

SANATORIA AND SANITARIA

Bellevue Place, Batavia, Ill. 73
City View Sanitarium, Nashville 4, Tenn. 73
Costeff Sanatorium, Peoria, Ill. 71
Edward Sanatorium, Naperville, Ill. 72
Fairview Sanitarium, Chicago 16 71
Mitchell Farm, Peoria 72
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 73
North Shore Health Resort, Winnetka 70
Mary Pogue School, Wheaton, Ill. 71
Stokes Sanitarium, Louisville, Ky. 76

EQUIPMENT

Picker X-Ray, New York 10, N. Y.
Rexair, Toledo, Ohio

RADIUM

Central X-Ray & Clinical Laboratory, 58 E. Washington, Chicago 73
Physicians Radium Assn., Chicago 2 5

why **acne**

clears up so rapidly

when you prescribe

Acnomel



ACNOMEL's rapid action is due, chiefly, to its remarkable vehicle. This special vehicle, which embodies an entirely new principle, assures the effectiveness of ACNOMEL's time-tested active agents. It has all the virtues of an oil-in-water emulsion, yet it is entirely free from wax, oil, or grease. ACNOMEL is stable, grease-free, flesh-tinted. It contains resorcinol, 2%; and sulfur, 8%. Available, on prescription only, in specially-lined 1½ oz. tubes.

Smith, Kline & French Laboratories, Philadelphia

Acnomel *a significant advance, clinical and cosmetic,* **in acne therapy**

PROTECT AGAINST RE-INFECTION

ATHLETE'S FOOT

USE THIS TWO-WAY TREATMENT

1. OINTMENT TINEASOL
Night Treatment
Composition: Benzoic acid, Salicyclic acid, Chlorthymol, Benzocaine Benzoate in a bland ointment base.
Supplied in ½ oz. and 1 oz. tubes.
Administration: Apply freely at night as directed by the physician.

2. PULVIS THI-OXIQUIN
Day Treatment
Composition: Sodium Thiosulfate, Oxyquinolin Sulfate, Thymol, and Boric Acid.
Supplied in ¾ oz. puffer tubes.
Administration: Dust on feet in morning, also in stockings and shoes.

Literature and prices supplied on request.
Chemists to the Medical Profession Since 1903. IL9-49

THE ZEMMER COMPANY • Pittsburgh 13, Pa.

BOOKS RECEIVED (Continued)

282 figures. Philadelphia and London: W. B. Saunders Company, 1949. Price $9.50.

RECENT ADVANCES IN OTO-LARYNGOLOGY: By R. Scott Stevenson, M.D., Ch.B., F.R.C.S. (Ed.); Surgeon, Metropolitan Ear, Nose and Throat Hospital: Consulting Laryngologist, Colindale, Pinewood, Preston Hall and other Tuberculosis Hospitals; President, Section of Otology, Royal Society of Medicine. Second Edition With 8 Plates and 106 Text-figures. The Blakiston Company, Philadelphia and Toronto, 1949. Price $6.00.

PSYCHOLOGICAL MEDICINE: A Short Introduction to Psychiatry With an Appendix on Psychiatry Associated with War Conditions: By Desmond Curran, M.B., F.R.C.P., D.P.M., Psychiatrist and Lecturer in Psychological Medicine, St. George's Hospital. Civil Consultant in Psychological Medicine to the Royal Navy, and the late Eric Guttmann, M.D., M.R.C.P., Formerly Clinical Director, the Maudsley Hospital, London, etc., Foreword by Sir John J. Conybeare, M.C., M.D., (Oxon.), F.R.C.P., Physician to Guy's Hospital, London. Third Edition. Baltimore, The Williams and Wilkins Company, 1949. Price $4.00.

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Jonrnal. Cash in advance must accompany copy.

FOR SALE: Apparatus and Instruments. Office equipment in good condition and instruments for almost every surgical purpose. Chrome and stainless steel. Most like new. May be had very reasonable. From rural hospital close-out. S. Schultz, M.D., 2813a Watson Blvd., St. Louis 9, Mo.

FOR SALE: Opportunity to take over modern 7 Rm. Brk. Home and clinic and office bldg. with spacious grounds in fine close-in location. Ideal for practicing physician or surgeon. $50,000, preferably cash, or $30,000 down bal. time. See Wm. H. Abelmann, Rm. 404, Elgin Tower, Elgin, Ill. Ph. Elgin 122 11/49

FOR SALE OR RENT: In town of Seventeen Hundred. An 8 room office fully equipped, retiring on account of sickness, and age. J. T. Wyatt, M.D., Roanoke, Ill.

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

OINTMENT GIVES RELIEF FROM PAIN OF BEE STINGS

Thephorin, a drug which counteracts the effects of chemicals released from body tissues during allergic reactions, gives almost immediate relief from the pain of bee stings and ant bites, according to a report in the June 18th Journal of the American Medical Association.

In eight cases in which an ointment of the drug has been used for these stings and bites, the patients obtained relief in one or two minutes, says William Theodore Strauss, M.D., Upper Montclair, N. J.

Pulmonary tuberculosis is the most serious public-health problem in the Philippines. It exists throughout the islands in epidemic form, and it is estimated that 10 percent, or more, of the population suffer from it. The leading cause of death, it is responsible for from 15 to 20 percent of all deaths, and it is one of the leading contributors to the high infant mortality rate. The war not only increased all the predisposing factors, but destroyed most of the islands' means of coping with the disease. Leroy K. Young, M. D., Pub. Health Rep., Feb. 4, 1949.

A true music lover is said to be a man, who, when he hears a soprano singing in the bath, puts his ear to the keyhole.

DEXTRI-MALTOSE

Simple to use...

WITH EVAPORATED MILK

1. Boil water.
2. Stir in Dextri-Maltose while water is hot.
3. Add evaporated milk and stir.



OR

WITH WHOLE MILK

1. Mix whole milk and water.
2. Heat until almost boiling and stir in Dextri-Maltose.
3. Boil gently for three minutes.



... FOR 38 YEARS COW'S MILK–DEXTRI-MALTOSE FORMULAS HAVE BEEN EMPLOYED BY PHYSICIANS TO MEET THE VARYING NUTRITIONAL REQUIREMENTS OF SICK AND WELL INFANTS. MEAD JOHNSON & CO., EVANSVILLE 21, IND., U. S. A.

N Y Acad of Med
5 Ave & 103rd St
New York N Y
Exch

COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
G. Charles Sutch, M. D.
Raymond Headlee, M. D.
Arthur J. Patek, M. D.
Consultant

G. H. Schroeder,
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

MS

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 1162

Give enough!

The ILLINOIS Medical Journal

VOL. 96 NO. 4

October, 1949

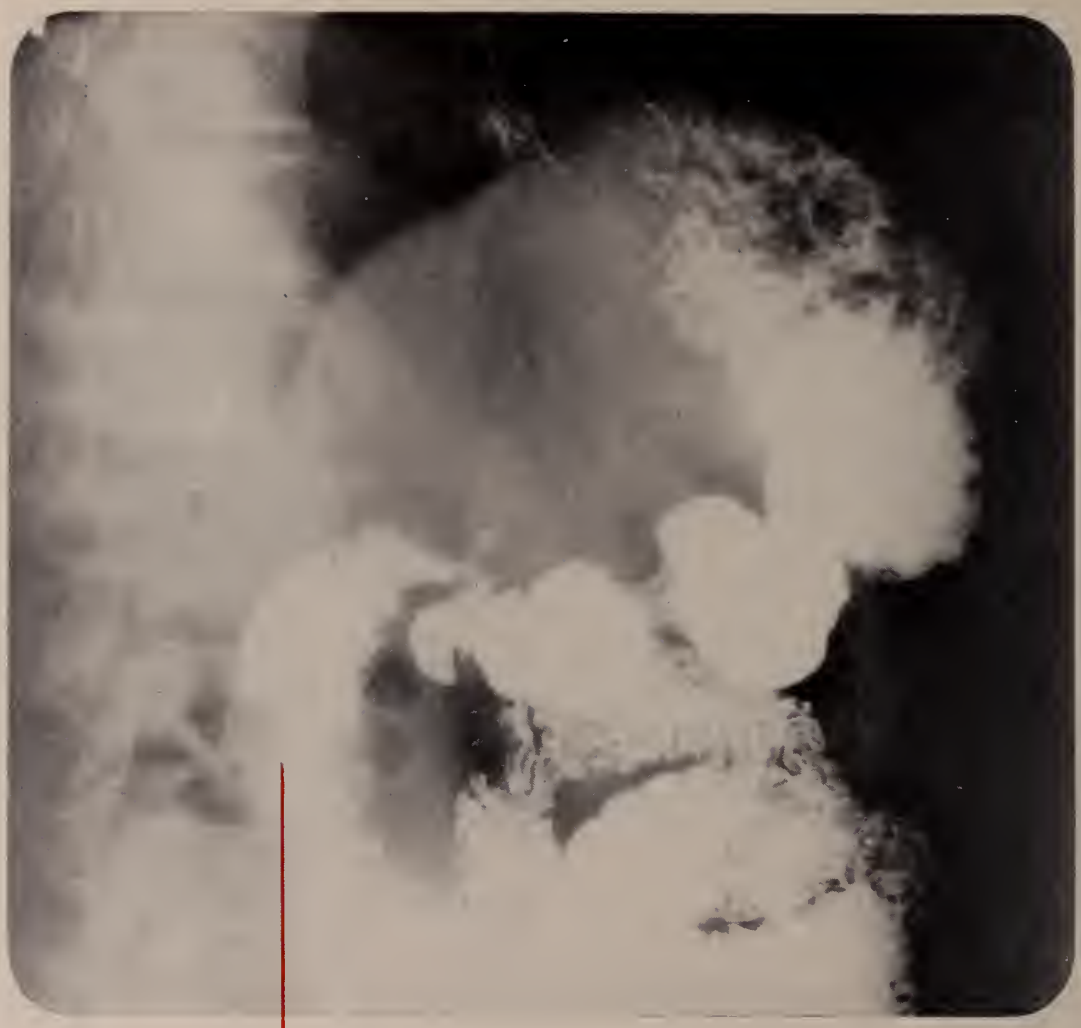
A Dean Looks at Medical Education and Practice

Sir William Osler

The Treatment of Brucellosis

(See page 5 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY



spasmolytic aid in ulcer therapy

"When an ulcer is active, there is considerable edema about the lesion. Marked peristalsis and hypermotility coexist. . . . When under stress, such persons develop spasm of the entire stomach, particularly of the antral end. . . . Pylorospasm . . . gives rise to many of the common ulcer symptoms."*

PAVATRINE® with Phenobarbital

(β-diethylaminoethyl fluorene-9-carboxylate hydrochloride)

provides both neurotropic and musculotropic spasmolysis—notably free from undesirable side effects—combined with mild central nervous system sedation. This non-narcotic, orally administered preparation is also indicated in gastrointestinal, uterine and bladder spasm.

*Paul, W. D.: Medical Management of the Complications of Peptic Ulcer, J. Iowa M. Soc. 37:6 (Jan.) 1947.

G. D. Searle & Co., Chicago 80, Illinois

SEARLE Research in the Service of Medicine

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.

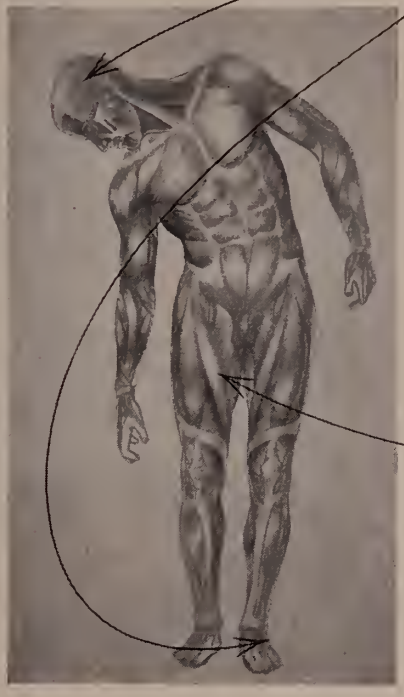
Active

That systemic as well as local therapeutic activity may be achieved with such preparations as Baume Bengué is evident from the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott. The unique high salicylate concentration of Baume Bengué, synergistically teamed with menthol affords a bilateral approach to arthritis, myositis, muscle sprains, bursitis and arthralgia.

Locally

at the site of discomfort. Patients appreciate the active therapy and prompt symptomatic relief of a Baume Bengué massage. Topical analgesic effects and a beneficial hyperemia may be readily induced.





Systemically

Baume Bengué likewise makes a positive contribution...
1. systemic absorption of methyl salicylate elicits salicylate analgesia and subjective relief.
2. the prompt relief achieved promotes greater patient cooperation for the execution of specific measures, immediate and long-range, directed against etiologic factors.

Baume Bengué

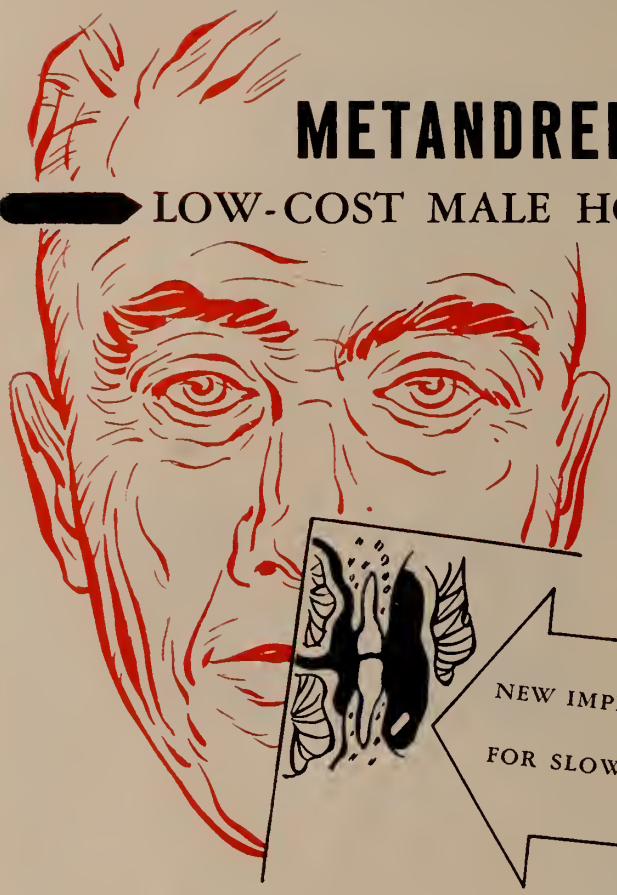
ANALGÉSIQUE

Baume Bengué provides 19.7% methyl salicylate, 14.4% menthol in a specially prepared lanolin base.

THOS. LEEMING & CO., INC.
155 EAST 44TH STREET, NEW YORK 17, N. Y.

METANDREN LINGUETS

LOW-COST MALE HORMONE THERAPY



. . . with nearly twice the potency of ingested tablets

Metandren Linguets contain methyltestosterone for sublingual or buccal administration.

The superiority of Metandren Linguets over other androgens by this route may be partly attributed to the fact that only methyltestosterone is effective orally. In contrast, when free testosterone or testosterone propionate is given sublingually, that portion unavoidably swallowed is almost completely destroyed.

Metandren Linguets of methyltestosterone are the "most economical and also efficient way of administering testosterone," according to Lisser.[1] Tyler finds that 140 mg. of methyltestosterone weekly in the form of Linguets is equivalent to an ingested dosage of approximately 210 mg., or to an injected dosage of 75 mg. of testosterone propionate.[2]

PERANDREN
is the pioneer brand of testosterone propionate, the most potent injectable androgen.

Adult maintenance dosage is from one to three 5-mg. Linguets daily. Most children need only one-half to one 5-mg. Linguet daily. Literature on request.

1. Lisser, H.: Calif. & West. Med., 64: 177, 1946
2. Tyler, E. T.: J.A.M.A., 139: 9, Feb., 1949.

METANDREN LINGUETS, 5 mg. (white), scored; 10 mg. (yellow), scored — in bottles of 30, 100 and 500.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

METANDREN LINGUETS — Trade Marks Reg. U. S. Pat. Off. 2/1438M

TABLE OF CONTENTS

OCTOBER, 1949
Vol. 96, No. 4

ORIGINAL ARTICLES

A Dean Looks at Medical Education and Practice, *Edward L. Turner, M.D.*, Seattle, Washington . 229

Sir William Osler, *Frederick Stenn, M.D.*, Chicago 237

The Treatment of Brucellosis, *C. Wesley Eisele, M.D.* and *Norman B. McCullough, Ph.D., M.D.*, Chicago 241

Demonstration of Organic Disease in "Functional Illness" by Skull X-rays, *Jack J. Coheen*, Elgin . 245

Cholecystitis, *Adolph Kraft, M.D.*, and *William Wolf, M.D.*, Chicago 249

Significance of Rectal Bleeding and the Importance of Diagnosing Early Cancer of the Colon, *Wendell G. Scott, M.D.*, St. Louis 252

Fulminating Eclampsia Associated with Fibrinogenopoenia and Hemorrhage, *Case Report, Walter F. Dillon, M.D.*, and *Herbert E. Schmitz, M.D.*, Chicago 255

Multiple Cystic Lymphangiomas of the Omentum, *Case Report, Edward J. Adamski, M.D., Frank J. Walsh, M.D., Joseph K. Narat, M.D.*, and *Arthur F. Cipolla, M.D.*, Chicago 259

EDITORIALS

The Second Speakers' Training Conference 213

It's Your Move Doctor! 214

Honoring A Faithful Physician 215

Do You or Don't You? 216

Council Meeting Minutes, August 21, 1949 262

Book Reviews 60

MEDICAL ECONOMICS

Medicolegal Testimony 217

STATE DEPARTMENT OF PUBLIC HEALTH

Interim Report on the Centralia Emergency Polio Center, *Leonard M. Schuman, M.D.*, Springfield. 219

CORRESPONDENCE

Your Mental Hospitals—"Alcoholics" 223

Twenty Clinics for Crippled Children Listed for November 224

What Every Doctor's Wife Should Know 225

Postgraduate Course on Urinary Tract Disorders . 227

Prizes for Urological Research 227

Seeks Ulcer Data 227

PATHOLOGY CONFERENCES

Mixed Mesodermal Tumors of the Female Genital Tract, *Keith G. Wurtz, M.D.*, Chicago 264

PHYSICAL MEDICINE ABSTRACTS 50

NEWS OF THE STATE 270



...THEY CAN WALK AGAIN

• Torpedoed on the Murmansk run —nearly frozen to death in an open boat—both legs lost below the knee—ex-Merchant Marines Michael McCormick and William Morris walked unaided in three weeks. They could look forward with certainty to leading a normal life again. To these men, as to thousands of other Hanger wearers, the phrase "Hanger is a symbol of help and hope" is a concrete truth proven by every day of their future lives.

HANGER ARTIFICIAL LIMBS

527-529 S. Wells St., Chicago 7, Illinois
1912-14 Olive Street, St. Louis 3, Missouri



FREE Diaphragms

12 COOPER CREME
Large size tubes. $8.00

6 DIAPHRAGMS
Guaranteed 2 years NO CHARGE
SIZES 50 TO 100 MM.

This $14.00 Value
$8.00

Write "Special Offer" on your Rx blank. State size diaphragms wanted and mail at once to

Whittaker Laboratories INC.
Peekskill, N.Y.



Gives the cough relief your patient wants...



Leaves the cough reflex he needs



In the average case, it's usually possible to control the patient's cough—but often it's a real problem to do it without impairing the cough reflex he needs to keep bronchioles and throat passages clear. That's where you'll find pleasant-tasting Mercodol unique!

For Mercodol contains the cough-controlling narcotic[1] that gives better antitussive action than codeine or heroin, yet keeps beneficial cough reflex . . . a superior bronchodilator[2] to relax plugged bronchioles . . . an effective expectorant[3] to liquefy secretions. And you'll find Mercodol notably free from nausea, constipation, retention of sputum, and cardiovascular and nervous stimulation.

MERCODOL®

AN EXEMPT NARCOTIC

The antitussive syrup that controls cough—keeps the cough reflex

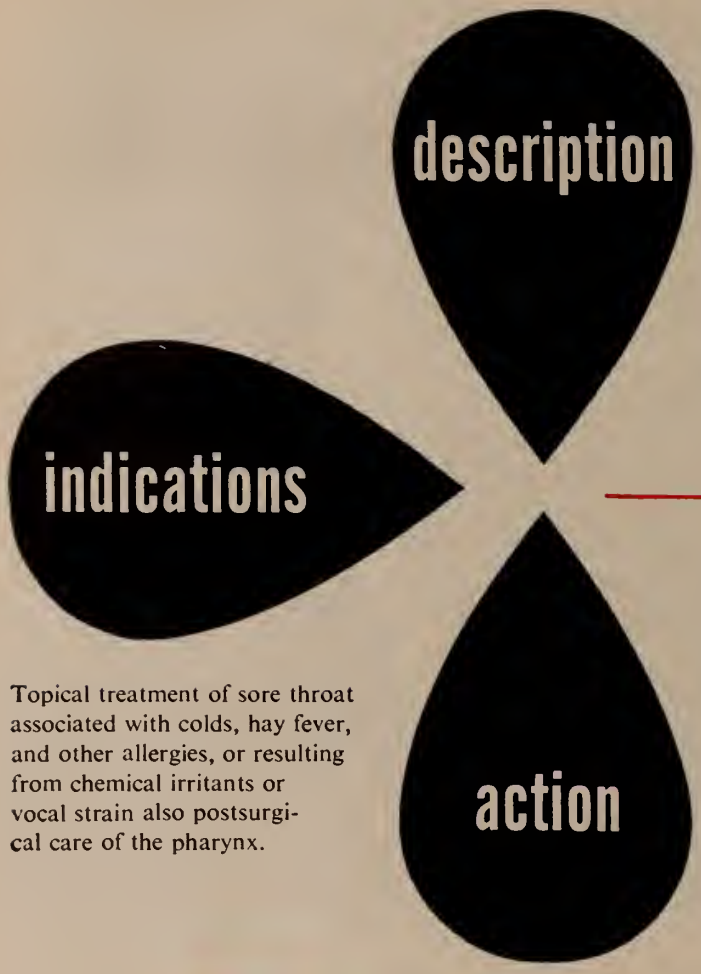
Merrell
1828
CINCINNATI • U. S. A.

Each 30 c.c. contains:
[1]Mercodinone* 10.0 mg.
[2]Nethamine® 0.1 gm.
[3]Sodium Citrate 1.2 gm.
*Trademark.



Natural vitamins A and D . . . daily, for about a penny: In "drop-dosage" for infants or pleasantly-flavored Tablets for the older child. Vitamin D wholly derived from cod liver oil, vitamin A adjusted and standardized with fish liver oils. White Laboratories, Inc.

White's Cod Liver Oil Concentrate · LIQUID · TABLETS



TYROZETS are pleasantly flavored, pink lozenges, each containing 1 mg. of antibiotic *tyrothricin*, and 5 mg. of soothing, analgesic *benzocaine*.

Topical treatment of sore throat associated with colds, hay fever, and other allergies, or resulting from chemical irritants or vocal strain also postsurgical care of the pharynx.

TYROZETS quickly relieve the pain of sore throats (benzocaine), and help suppress local infections due to a wide range of gram-positive organisms (tyrothricin).

Tyrozets®

Antibiotic-Anesthetic Throat Lozenges

Supplied in unbreakable, amber-plastic vials of 12 lozenges.

Sharp & Dohme, Philadelphia 1, Pa.

SHARP & DOHME

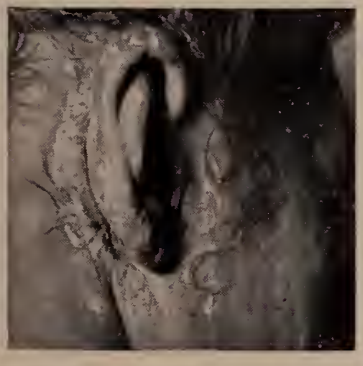
highly effective in an unusually wide range of common skin disorders



Pragmatar is particularly useful in seborrheic dermatitis, and in the general care and hygiene of the seborrheic scalp.



Pragmatar often brings dramatic improvement in the common fungous infections—even in "athlete's foot."



Pragmatar is extremely valuable in eczematous eruptions, especially those in which a seborrheic factor is involved.

Smith, Kline & French Laboratories, Philadelphia

Pragmatar

the outstanding tar-sulfur-salicylic acid ointment

In Chronic Hepatitis Hepatic Insufficiency...Cirrhosis

A Better Tasting Choline

The extremely pleasant citrus flavor of Solution Choline Gluconate-C.S.C. overcomes one of the greatest obstacles to prolonged choline therapy. This preparation is exceptionally well tolerated and is readily taken in the prescribed dosage over the prolonged periods usually required in the treatment of chronic hepatic disorders.

Higher Choline Content

Containing 62.5% choline gluconate or the equivalent of 25% choline base, Solution Choline Gluconate-C.S.C. provides more choline than any other preparation available for clinical use. *Adequate* dosage may be given for utmost therapeutic value. This higher choline concentration is made possible by the greater choline content of the choline gluconate molecule.

Outstanding Economy

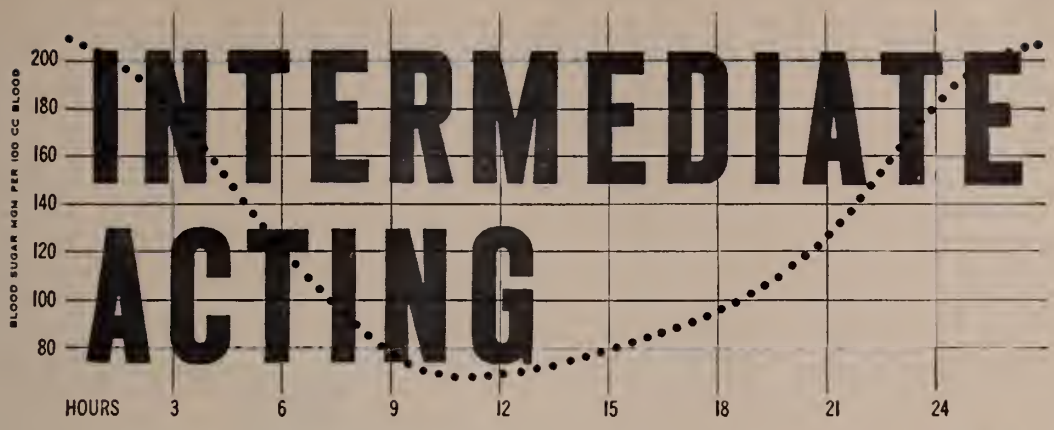
In terms of choline equivalent, Solution Choline Gluconate-C.S.C. offers outstanding value to your patients. This point is of utmost importance since the management of chronic hepatitis, hepatic insufficiency, and cirrhosis of the liver usually involves treatment extending over a period of several months.

Solution Choline Gluconate-C.S.C. is available on prescription in 16 oz. bottles. Because of its economy, it is suggested that the original 16 oz. bottle be prescribed.

Solution **Choline Gluconate**

C.S.C. Pharmaceuticals

A Division of COMMERCIAL SOLVENTS CORPORATION
17 East 42nd Street • New York 17, New York



INTERMEDIATE ACTING

GLOBIN INSULIN

'B.W.& CO.'

...was developed to fill the "need for an insulin with activity intermediate between that of regular insulin and that of protamine zinc insulin."[1]

IN 1939, Reiner, Searle and Lang described a new "intermediate acting" insulin.

IN 1943, after successful clinical testing, the new substance was released to the profession as 'Wellcome' brand Globin Insulin with Zinc 'B. W. & Co.'

TODAY, according to Rohr and Colwell, "Fully 80% of all severe diabetics can be balanced satisfactorily"[2] with Globin Insulin 'B.W. & Co.'—or with a 2:1 mixture of regular insulin: protamine zinc insulin. *Ready-to-use* Globin Insulin 'B.W. & Co.' provides the desired intermediate action without preliminary mixing in vial or syringe.



In 10 cc. vials, U-40 and U-80.

1. Rohr, J.H., and Colwell, A.R.: Arch. Int. Med. 82:54, 1948.
2. ibid Proc. Am. Diabetes Assn. 8:37, 1948.

'B.W.& CO.'—a mark to remember

BURROUGHS WELLCOME & CO. (U.S.A.) INC. Tuckahoe 7, New York



More rapid relief

of gastric hyperacidity

In less than a minute, Syntrogel tablets bring relief to the patient with gastric distress due to hyperacidity. The highly adsorptive aluminum hydroxide and rapidly neutralizing calcium carbonate restore gastric pH close to neutral without gastric alkalosis and acid rebound. These highly effective antacids are combined with magnesium peroxide and Syntropan 'Roche' to help maintain normal peristalsis. Bottles of 50, 100, 250 and 1,000 mint-flavored tablets.

HOFFMANN-LA ROCHE INC. • NUTLEY 10 • N. J.

Syntrogel®

'Roche'

In a comparison of 12 commonly used antibacterial agents for eye infections

SODIUM SULFACETIMIDE SOLUTION 30%

(SODIUM SULAMYD*)

was found best.[1]



It is "an ideal antiseptic in cases of acute and chronic infection of the conjunctiva."[1] Among 3000 eyes treated "there were no reactions which could be considered either as a sensitivity or as an allergic reaction."[1]

In blepharitis, SODIUM SULFACETIMIDE OPHTHALMIC OINTMENT 10% is indicated since only "an ointment could be expected to maintain an effective concentration of the drug."[2]

SODIUM SULFACETIMIDE is also available as a 10% NASAL SOLUTION for the relief of nasal congestion in the common cold and for aid in prevention of its secondary complications.

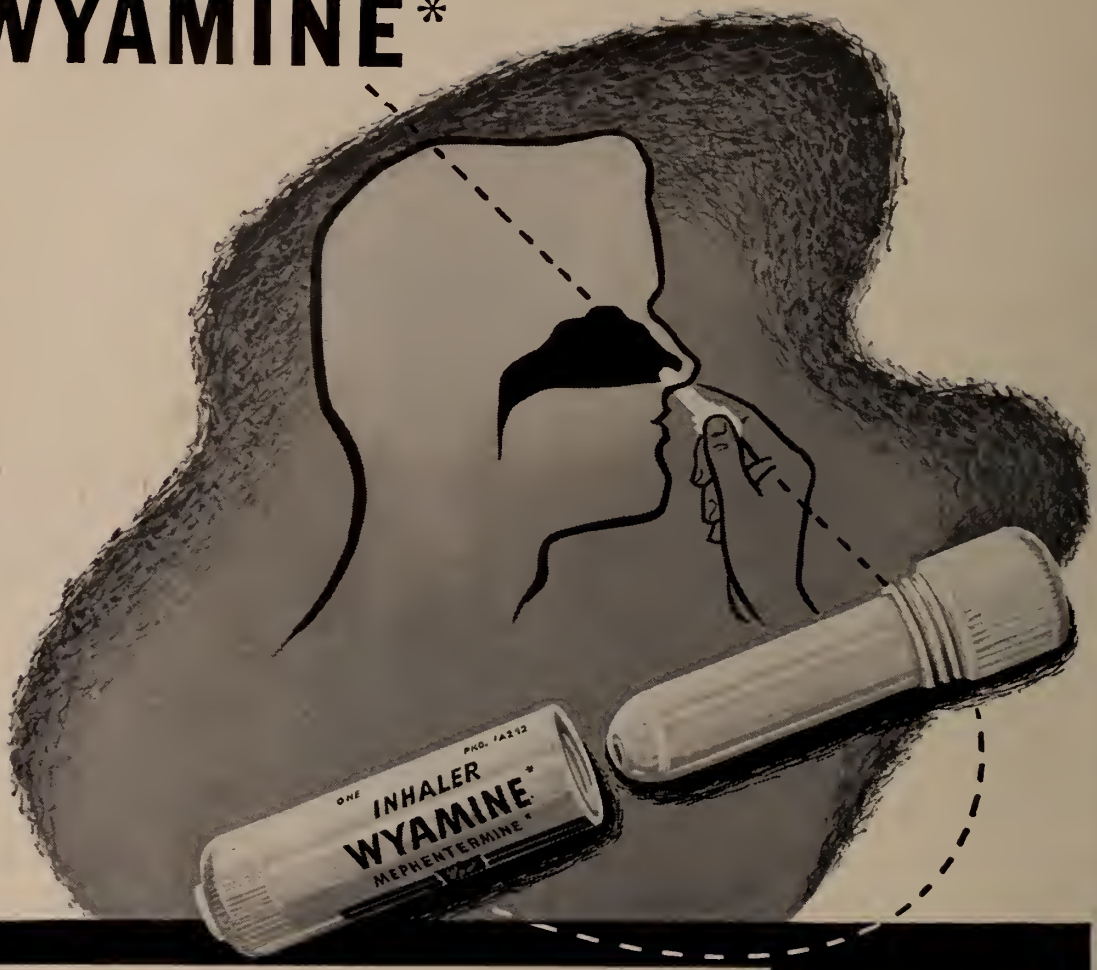
1. Mayer, L. L.: Arch. Ophth. *39*:232, 1948.
2. Thygson, P., in discussion on Mayer, L. L.: Arch. Ophth. *39*:232, 1948.

*®

Schering CORPORATION · BLOOMFIELD, NEW JERSEY

SODIUM SULFACETIMIDE SOLUTION 30%

WYAMINE*



The action of WYAMINE is so effective that the nasal passages clear up almost immediately after two or three inhalations from the Inhaler in each nostril. And the remarkable feature of Wyamine is that this medication can be used just before retiring without disturbing a pleasant night's rest . . . maximum efficacy with minimum stimulation.

Available: Inhaler WYAMINE • SOLUTION WYAMINE SULFATE • SOLUTION WYAMINE-TYROTHRICIN • These solutions may be used with dropper or JETOMIZER®. • WYAMINE-PENICILLIN (PENICILLIN WITH VASOCONSTRICTOR) CAPSULES for Preparation of Nasal Solution. For use by Proetz displacement technique.

*Trademark, brand of Mephentermine (N-methyl-phenyl-tertiary butylamine)

to clear nasal congestion without discomfort

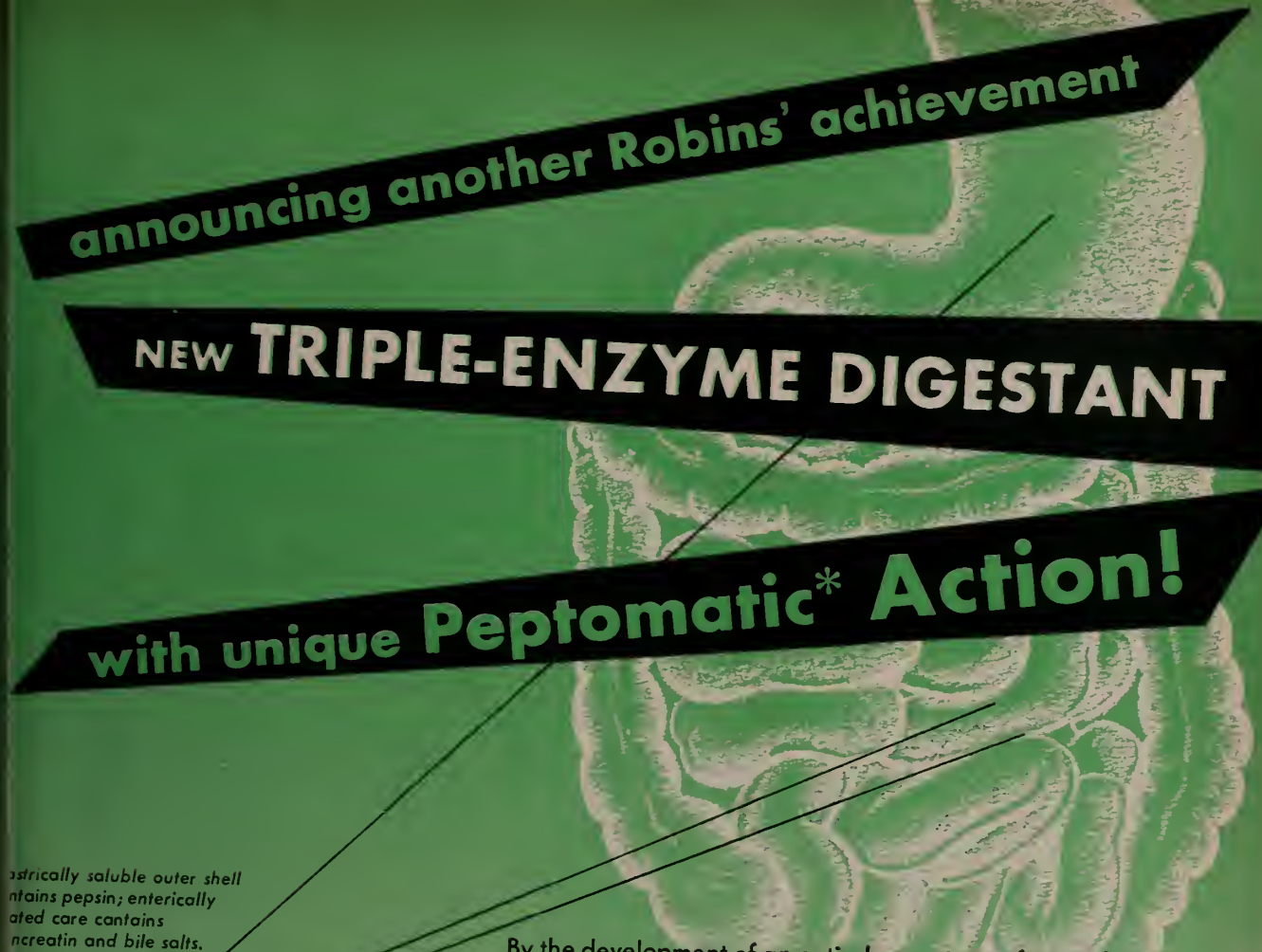
WYETH INCORPORATED • Philadelphia 3, Pa.

Wyeth®

announcing another Robins' achievement

NEW TRIPLE-ENZYME DIGESTANT

with unique Peptomatic* Action!



astrically saluble outer shell
ntains pepsin; enterically
ated care cantains
ncreatin and bile salts.



By the development of an entirely new type of coated tablet, consistir
of a gastrically soluble outer shell containing pepsin, and c
enterically coated core containing pancreatin and bile salts—Robins (with the
new product Entozyme) now makes it possible to release these thre
important digestants *in fully active form* to that part of th
gastrointestinal tract where pH conditions for optimum activity prevai
Clinical research[1] indicates that Entozyme's greatest field of usefulness is in chron
cholecystitis, post-cholecystectomy syndrome, subtotal gastrectomy, infectiou
hepatitis, pancreatitis and chronic dyspepsia—where its unique selective therapy restore
more nearly physiological conditions in the gastrointestinal tract. It is also highl
effective in nausea, anorexia, belching, flatulence and pyrosis. In peptic ulce
patients, too, pancreatin-pepsin therapy has produced excellent results



Each specially canstructed tablet cantains Pancreatin, U.S.P., 300 m
Pepsin, N.F., 250 mg.; Bile Salts, 150 mg.

1 or 2 tablets after each meal, ar as directed by physician,
withaut crushing ar chewing.

Bottles of 25 and 100.

1. McGavock, T. H. and Klotz, S. D.: Bull. Flower Fifth Ave. Hosp., 9:61, 194
2. Weissberg, J., McGovock, T. H. and Boyd, Linn J.: Am. J. Digest. Dis., 15:332, 194

A coined word to describe the unique mechanical action of Entozyme Tablet—whereby pepsin released only in the stomach, and pancreatin and bile salts only in the small intestin

A. H. ROBINS COMPANY, INC. • RICHMOND 20, VIRGINI
Ethical Pharmaceuticals of Merit since 187

ENTOZYME

Robins



"Nurse, I hope Doctor will prescribe BAKER'S MODIFIED MILK for her as he did for my little boy—it's so reliable and easy to prepare."

DOCTOR:



POWDER

LIQUID

● Individual requirements are easily met with Baker's powder or liquid form, since both may be fed interchangeably.

Are *you* acquainted with Baker's Modified Milk?

Mothers who have brought one baby through the bottle-feeding period on Baker's Modified Milk, are happy when Baker's is prescribed for the second baby. They are thankful for the baby's robustness, regularity and well-being. Particularly pleasing is the ease with which Baker's is prepared for feeding—just dilute liquid Baker's with equal parts of boiled water.

Many doctors have learned from experience that Baker's Modified Milk meets their requirements in most of their bottle-feeding cases, since Baker's is fed either complemental to or entirely in place of mother's milk. No formula change is required as baby grows older—merely increase the quantity of feeding.

To prescribe Baker's Milk at the hospital, just leave instructions with the obstetrical supervisor.

BAKER'S MODIFIED MILK

THE BAKER LABORATORIES INC., Cleveland, Ohio

Division Offices: San Francisco, Los Angeles, Denver, Seattle and Greensboro, N. C.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

AUREO-MYCIN



The Newest and Most Broadly Useful of the Antibiotics

AUREOMYCIN HYDROCHLORIDE LEDERLE

Aureomycin is now generally accepted as one of the most versatile antibiotics yet isolated. In addition to attacking the Gram-positive cocci with great effectiveness, it is useful against many Gram-negative organisms, particularly those of the coli-aerogenes group. It is also effective against rickettsial infections and certain diseases of unknown etiologies, such as primary atypical pneumonia. Aureomycin in solution with sodium borate has been found highly effective in the eye in a concentration of one-half per cent. Among others it is active against the diplobacillus of Morax-Axenfeld, Friedländer's bacillus, staphylococcus, pneumococcus, and *Hemophilus influenzae*.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY 30 Rockefeller Plaza, New York 20, N. Y.

"The best inhaler they have ever used!"



the new S.K.F. BENZEDREX INHALER

So much better that we have discontinued 'Benzedrine' Inhaler

Physicians tell us that they and their patients find BENZEDREX INHALER the best inhaler they have ever used.

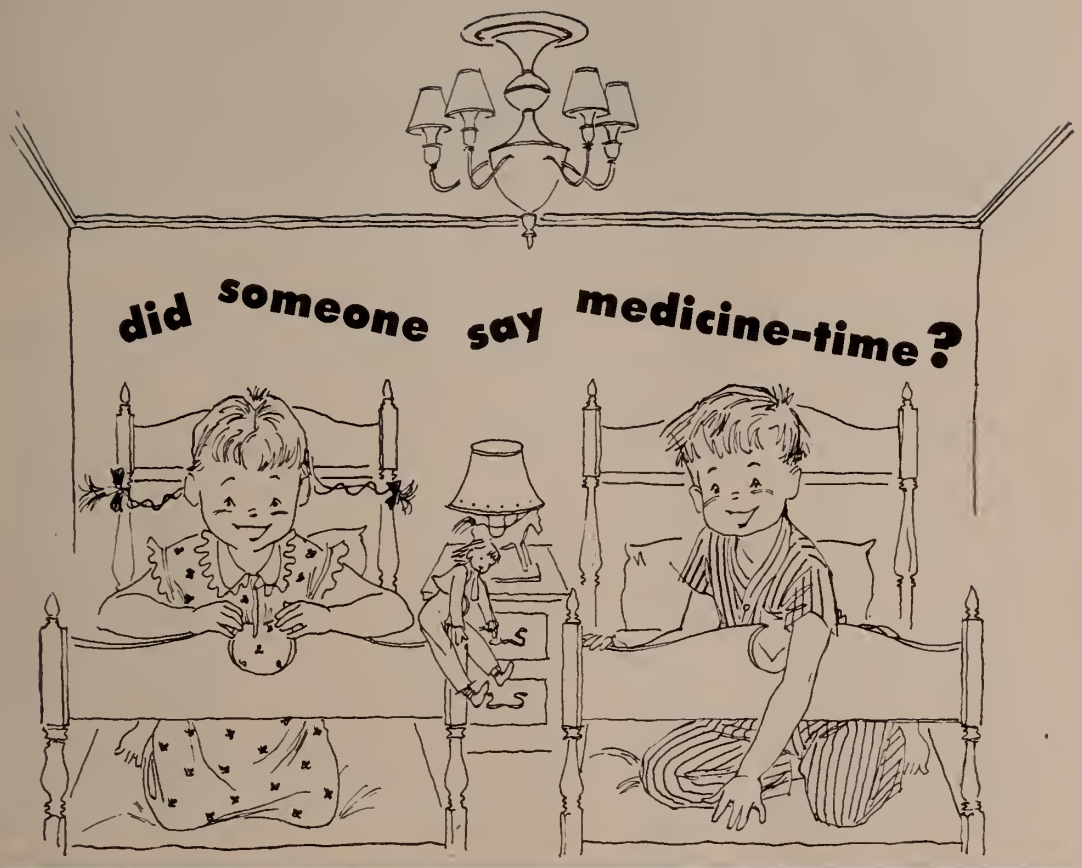
The active ingredient of BENZEDREX INHALER is 1-cyclohexyl-2-methylaminopropane, a new S.K.F. compound. It has exactly the same agreeable odor as Benzedrine*, gives even more effective and prolonged shrinkage, and does NOT produce excitation or wakefulness.

We are sure you will find that BENZEDREX INHALER is the best volatile vasoconstrictor you have ever used.

Smith, Kline & French Laboratories, Philadelphia

Each BENZEDREX INHALER is packed with 1-cyclohexyl-2-methylaminopropane, S.K.F., 250 mg.; and aromatics.

*'Benzedrine' (racemic amphetamine, S.K.F.) and 'Benzedrex' T.M. Reg. U.S. Pat. Off.



● A DUOZINE *Dulcet* Tablet is medicine all right—two potent sulfonamides—but to the child it's a pale orange cube that tastes like tutti-frutti candy all the way through. Each DUOZINE *Dulcet* Tablet contains 0.15 Gm. sulfadiazine and 0.15 Gm. sulfamerazine—as stable and accurate as it is possible to compound. The antibacterial effect is the same as 0.3 Gm. of either drug, but the risk of crystalluria is only as great as that of 0.15 Gm. of one of the sulfonamides. Indications and dosage are the same as for unflavored tablets. DUOZINE *Dulcet* Tablets are available on prescription through your pharmacy. Write for literature today. ABBOTT LABORATORIES. North Chicago. Ill.

● *Specify Abbott's Sulfadiazine-Sulfamerazine Combination*

Duozine dulcet® *tablets*

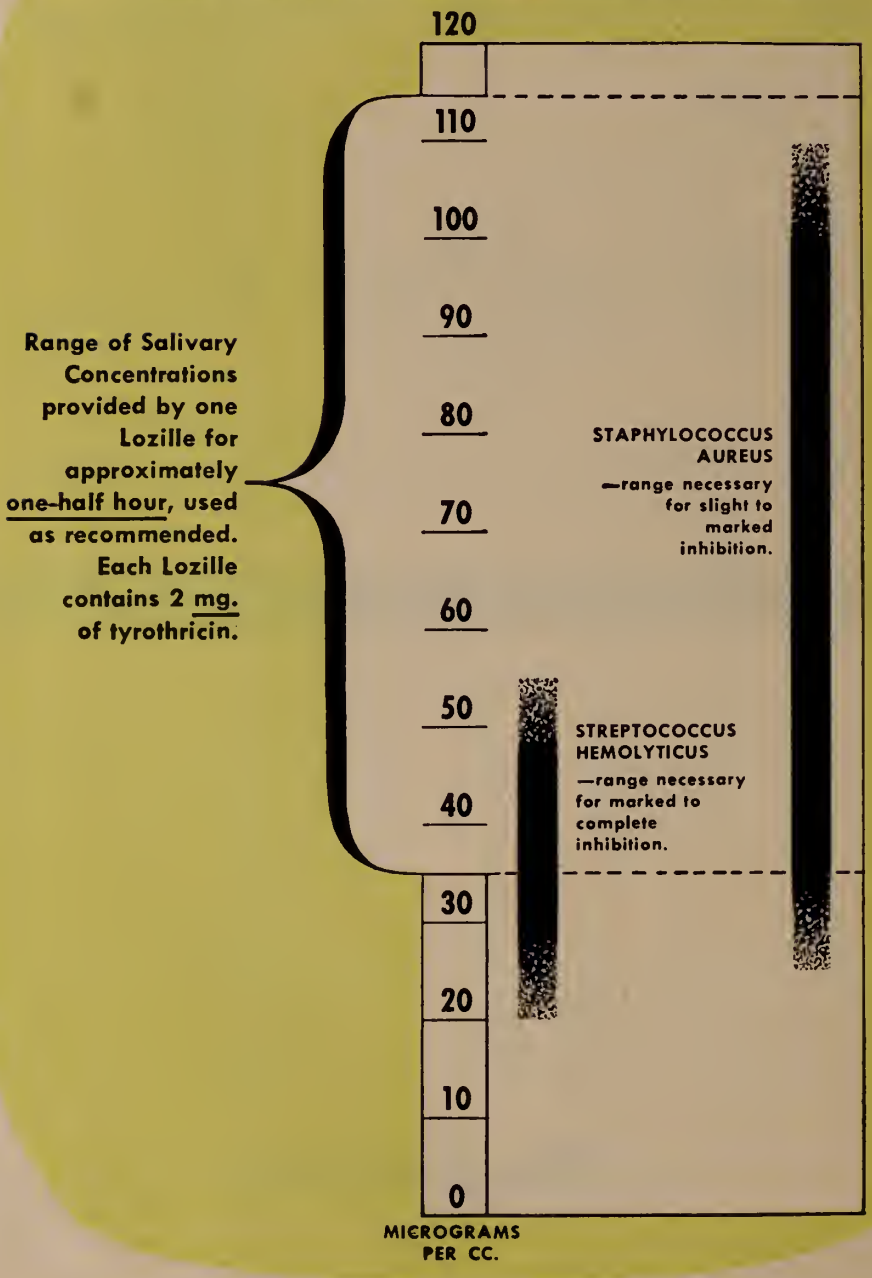
TRADE MARK

®MEDICATED SUGAR TABLETS, ABBOTT

(Sulfadiazine 0.15 Gm.—Sulfamerazine 0.15 Gm. Combined, Abbott)

EFFECTIVE Salivary Levels

Effect on Salivary Suspensions of Streptococcus Hemolyticus and Staphylococcus Aureus, Resulting from One-Half Hour's Exposure to Various Concentrations of Tyrothricin.



of Tyrothricin in Acute Oropharyngeal Infections

EFFECTIVE SALIVARY LEVEL

When used as recommended, one Lozille—containing 2 mg. of tyrothricin—maintains for approximately *one-half hour* salivary tyrothricin levels as shown in accompanying chart.

POTENT ANTIBIOTIC ACTION

The sustained salivary concentrations provided by Lozilles are required to insure broad and effective anti-bacterial action against gram-positive organisms responsible for acute oropharyngeal infections and to offset tyrothricin-inhibiting effect of saliva.

NON-TOXIC, NON-SENSITIZING

Tyrothricin, unlike topical penicillin, is remarkable for its *lack of local toxicity*.

PROMPT, LONG-LASTING ANALGESIA

Propesin, a non-toxic, non-irritating local analgesic agent brings effective and *prolonged* relief to irritated or inflamed mucosal surfaces.

PALATABLE

Pleasant-tasting, Lozilles' mild citrus flavor assures patient cooperation at all ages.

LOZILLES®

(LAH-ZEELS)

TYROTHRICIN-PROPESIN LOZENGES

Each Lozille contains 2 mg. of tyrothricin and 2 mg. of propesin. Supplied in vials of 15 Lozilles.

WHITE LABORATORIES, INC.

Pharmaceutical Manufacturers, Newark 7, N. J.

30-DAY TEST REVEALED

"Not one single case of throat irritation due to smoking Camels!"



Yes, that's what throat specialists reported after making weekly examinations of the throats of hundreds of men and women from coast to coast who smoked Camels, and only Camels, for 30 consecutive days.

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

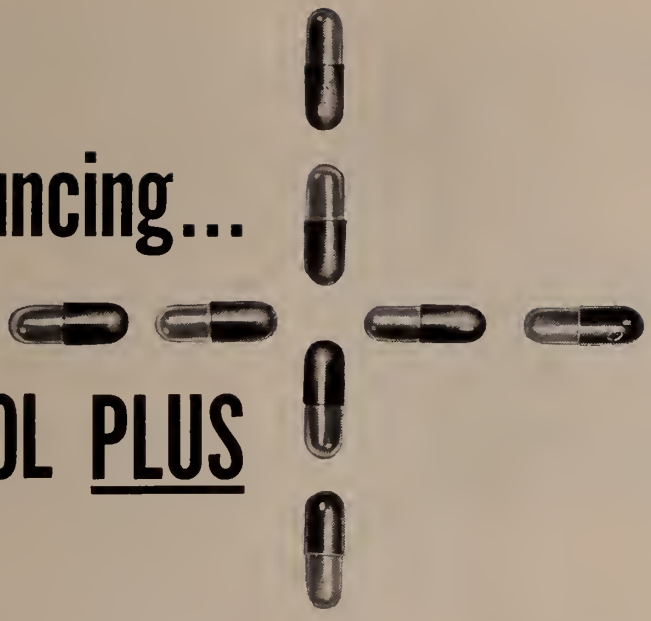


According to a Nationwide survey:

More Doctors smoke Camels than any other cigarette

When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!

announcing...



FEOSOL PLUS

A worthy "running-mate" to S.K.F.'s famous Feosol

FEOSOL PLUS *is a logical new preparation for the treatment of those ill-defined secondary anemias which resist treatment with iron alone.*

As the physician well knows, iron deficiency is often complicated and prolonged by a lack of certain other factors essential to erythropoiesis. To combat such multiple-deficiency anemias, S.K.F. now offers FEOSOL PLUS, a delicately balanced, broad-range formula.

Each FEOSOL PLUS capsule contains:

Ferrous sulfate, exsiccated, U.S.P.	200.0 mg.
Liver concentrate powder (35:1)	325.0 mg.
Folic acid	0.4 mg.
Thiamine hydrochloride, U.S.P. (B_1)	2.0 mg.
Riboflavin, U.S.P. (B_2)	2.0 mg.
Nicotinic acid (Niacin), U.S.P.	10.0 mg.
Pyridoxine hydrochloride (B_6)	1.0 mg.
Ascorbic acid, U.S.P. (C)	50.0 mg.
Pantothenic acid	2.0 mg.

FEOSOL PLUS by no means replaces Feosol. Feosol is the standard therapy in simple iron-deficiency anemias.

DOSAGE—3 capsules daily, one after each meal

HOW PACKAGED—in bottles of 100 capsules

Smith, Kline & French Laboratories, Philadelphia



fits my x-ray needs to a "T" — and my budget, too! it's a Picker "Meteor"

"I want to be able to screen a chest or an extremity whenever it seems indicated. I want to be able to radiograph a chest as part of every physical examination I make — especially of new patients. I want to be able to fluoroscope and radiograph suspected fractures in the occasional emergency cases that come to my office.

I can do all that and more, *quickly* and *easily* with the Picker 'Meteor.*' Its 15 MA capacity is ample for my needs. I've had no trouble finding room for it, because it doubles as an examination table. It's a *quality* unit, made by Picker X-Ray . . . they're the people who built the Army Field X-Ray Unit we both worked with during the war. And it certainly is easy on my budget . . . cost far less than I thought I'd have to lay out for such fine equipment."

Maybe your situation parallels Dr. Jones' . . . or maybe it's altogether different. In any case, you can depend on the local Picker representative for unbiased advice, because the Picker line is a full line, embracing apparatus in *every* range, for *every* purpose.

*patents pending



it's simple, sure, easy to operate



you change easily from radiography to fluoroscopy (or vice versa)

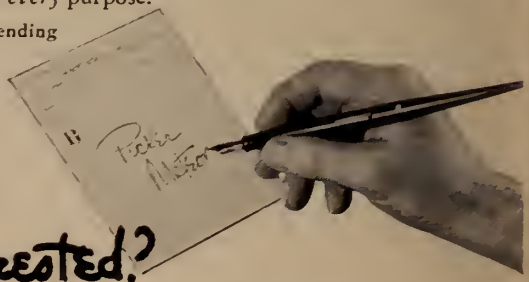


vertical or horizontal (full length of head and torso)

it's low-priced at $1495

and above all, it's

Picker x-ray



interested? just do this

jot Picker "Meteor" on a prescription blank, and send it to us for details. Or, if you prefer, call in your local Picker representative for the story.

PICKER X-RAY CORP.
300 Fourth Ave., New York 10, N. Y.

PICKER IN ILLINOIS IS AT 223 W. JACKSON BLVD., CHICAGO 6, (WAbash 2-7475)



For the well child, for the sick child, and for the child who is neither sick nor well

ABDEC® DROPS

contain adequate amounts of eight important vitamins in a clear, stable, non-oily and non-alcoholic solution that facilitates rapid absorption and thorough utilization.

Comprehensive multivitamin therapy is thus available

for the well child, as a routine measure to prevent vitamin deficiencies of even minor degree, resulting from common transitory aberrations of eating habits;

for the sick child, particularly during prematurity and anorexic or febrile states, to compensate for diminished intake, decreased absorption or heightened utilization of vitamins;

for the child who is neither sick nor well, where subclinical multiple vitamin deficiencies may be responsible for ill-defined symptomatology and general below-par condition.

ABDEC DROPS are supplied in 15 cc. and 50 cc. bottles with a calibrated dropper for accurate dosage. Each 0.6 cc. (10 minims) contains vitamin A, 5000 units; vitamin D, 1000 units; vitamin B_1, 1 mg.; vitamin B_2, 0.4 mg.; vitamin B_6, 1 mg.; pantothenic acid (as sodium salt), 2 mg.; nicotinamide 5 mg.; vitamin C, 50 mg.

ABDEC DROPS may be placed directly on the tongue or may be added to food or formula. Average daily dose (preferably given at a single feeding) is 0.3 cc. (5 minims) for infants under one year, and 0.6 cc. (10 minims) for older children.

PARKE, DAVIS & COMPANY

DETROIT 32, MICHIGAN

MEDICAMENTA VERA · P & CO. D

More than just palatable...

this protein therapy is virtually *tasteless*



When 100 or more grams of protein per day must be administered to a critically ill or convalescent patient, taste and bulk are real problems.

Essenamine is an essentially tasteless protein concentrate. In virtually pure form, adaptable to any type of diet, Essenamine supplies large quantities of the *needed* amino acids. May be administered in milk, broths, fruit and vegetable juices, meat loaf, baked goods, custards, ice cream, etc.

The required amount of Essenamine should be mixed with a small amount of cold water to form a smooth paste; then add liquid or other ingredients gradually.

ESSENAMINE®

...high concentration of protein

...minimum bulk

...tasteless...bland...unflavored

Supplied in 7½ and 14 oz. jars.

WINTHROP-STEARNS

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

Write for Recipe Book:
Specify number desired.

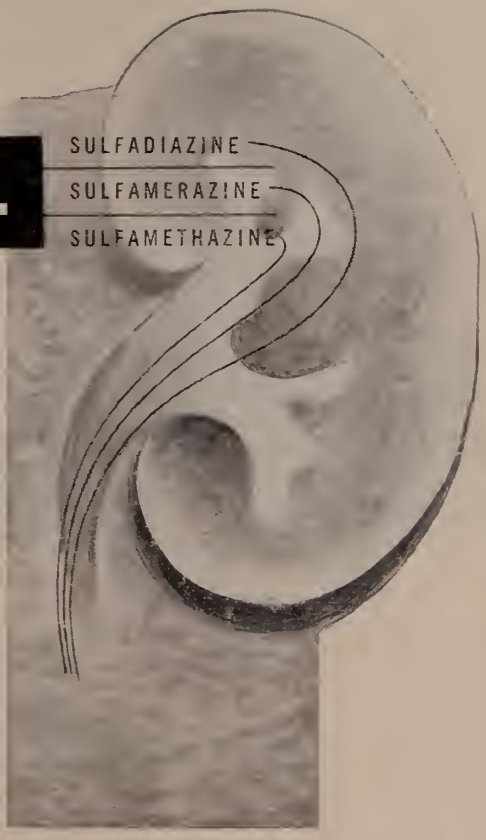
Essenamine, trademark reg. U. S. & Canada

New Sulfa Combination...

TERFONYL

SULFADIAZINE
SULFAMERAZINE
SULFAMETHAZINE

for safe sulfonamide therapy



HIGH BLOOD LEVELS
All three components are absorbed and excreted independently. High blood levels can be maintained without kidney concretion and with minimal sensitivity reactions.

WIDE ANTIBACTERIAL RANGE
All three components have a wide antibacterial range and are highly effective in the treatment of pneumonia and other common infections.



0.5 Gm. tablets
Bottles of 100 and 1000
Suspension, 0.5 Gm. per cc.
(pleasant raspberry flavor)
Pint bottles

"TERFONYL" IS A TRADEMARK OF E. R. SQUIBB & SONS

SQUIBB MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



TEOTINE: *triple attack*

on Chronic Angina and Arterial Hypertension

FOR EXTENDED MEDICATION

Teotine gives the combined relief of: *mannitol hexanitrate*, vasodilator, causing 4- to 6-hour fall in blood pressure, and often relief from the pain of angina pectoris; *theobromine*, a complement to mannitol, affording prolonged vasodilation and diuretic action, with freedom from side effects and a tendency to decrease anginal attacks; *phenobarbital*, to ease typical tension states of hypertensive patients, and enhance effect of the other two drugs.

For continuous medication in chronic angina and arterial hypertension, clinical experience endorses Teotine.

TEOTINE
Each Teotine Tablet contains
Mannitol Hexanitrate . . ¼ gr
Theobromine . . 2½ gr
Phenobarbitol . . ⅛ gr
(Warning May be habit forming)
Supplied in bottles of 100

-Dorsey · *Effectual* · *Well Tolerated*

THE SMITH-DORSEY CO. • LINCOLN, NEBRASKA • BRANCHES at LOS ANGELES and DALLAS

MANUFACTURERS OF AL-SI-CAL POWDER • DORSEY CAL-VATINE TABLET • DORSEY

PATIENT under TREATMENT

for Chronic Urinary Tract Infection



ENJOYS

Gratifying Relief

from distressing

SYMPTOMS



Prompt and effective relief from distressing urinary symptoms has been achieved in a large percentage of patients with chronic infection of the urinary tract, through the simple expedient of taking Pyridium orally.

Two tablets *t.i.d.* produce an analgesic effect on the urogenital mucosa, without systemic sedation or narcotic action.

This gratifying symptomatic relief from urinary frequency, and pain and burning on urination, often enables patients to carry on without interruption of normal pursuits, throughout the course of specific treatment of uncomplicated cystitis, pyelonephritis, prostatitis, and urethritis, with virtually no danger of side reactions.

The complete story of Pyridium and its clinical uses is available on request.

PYRIDIUM®

(Brand of Phenylazo-diamino-pyridine HCl)

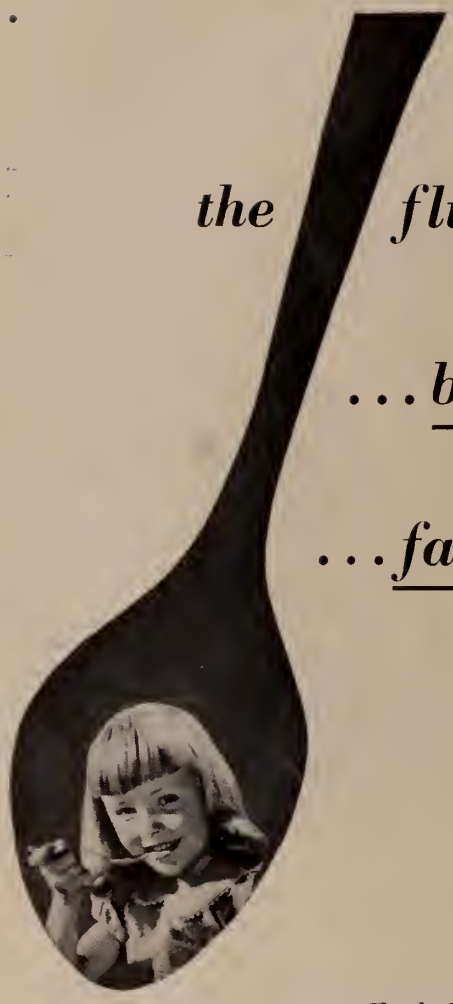
MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

In Canada: MERCK & CO. Limited Montreal, Que.



Pyridium is the trade-mark of the Pyridium Corporation for its Brand of Phenylazo-diamino-pyridine HCl. Merck & Co., Inc., sole distributors in the United States.



the fluid sulfadiazine that's

. . . better tasting

. . . faster acting

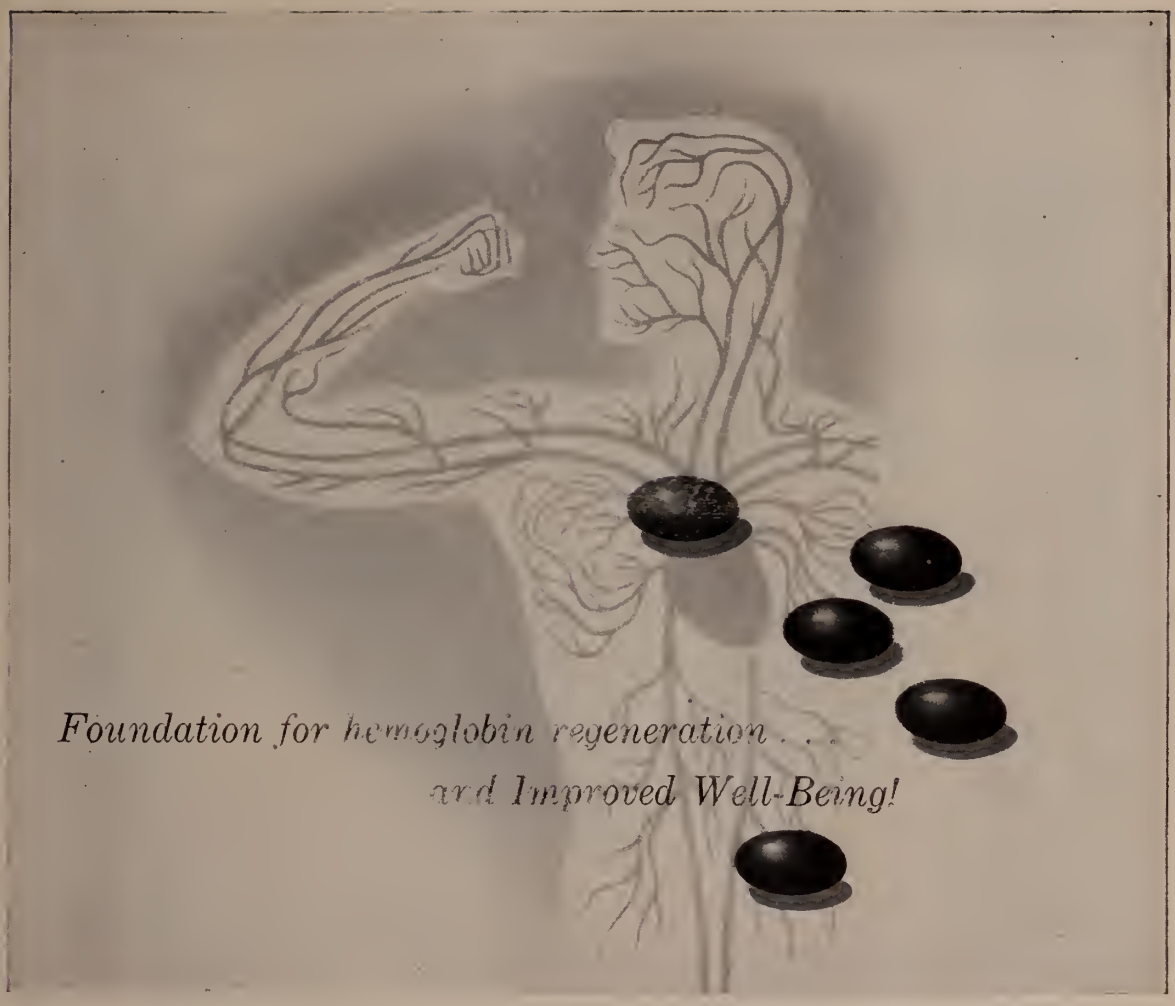
To many patients—children, the aged and those with sore throats—swallowing bulky, half-gram sulfadiazine tablets is one of the discomforts of being sick. But these patients take ESKADIAZINE willingly. It tastes good. It is not thick and cloying; it is light and easy to swallow.

Each 5 cc. (one teaspoonful) of ESKADIAZINE contains 0.5 Gm. (7.7 gr.) sulfadiazine—the dosage equivalent of the standard sulfadiazine tablet. Yet desired serum levels are attained 3 to 5 times more rapidly with ESKADIAZINE than with sulfadiazine tablets. This is ascribed to the fact that ESKADIAZINE contains sulfadiazine in microcrystalline form.

Smith, Kline & French Laboratories, Philadelphia

Eskadiazine

the outstandingly palatable fluid sulfadiazine



HEMOSULES* 'WARNER'

the preferred hematinic . . .

HEMOSULES* 'Warner' contains the several hematopoietic factors of established importance in blood regeneration for obtaining optimal results in hypochromic anemias.

HEMOSULES* 'Warner' are high-potency, vitamin-rich capsules which also contain liver concentrate and highly absorbable ferrous sulfate.

Each HEMOSULES* capsule provides:	
Ferrous sulphate, Dried U.S.P.	162.0 mg (2.5 grs)
Liver concentrate (1:20)	162.0 mg (2.5 grs)
Folic acid**	0.75 mg
Thiamine hydrochloride (vitamin B_1)	1.0 mg
Riboflavin (vitamin B_2)	1.0 mg
Niacinamide†	4.0 mg
Pyridoxine hydrochloride (vitamin B_6)**	0.5 mg
Calcium pantothenate**	0.5 mg
Ascorbic acid (vitamin C)	15.0 mg

HEMOSULES* are indicated in all secondary anemias due to or accompanying impaired absorption or assimilation, nutritive inadequacy, increased requirements in obstetrical patients, gynecological and gastroenterological disorders, surgical operations, and infectious diseases.

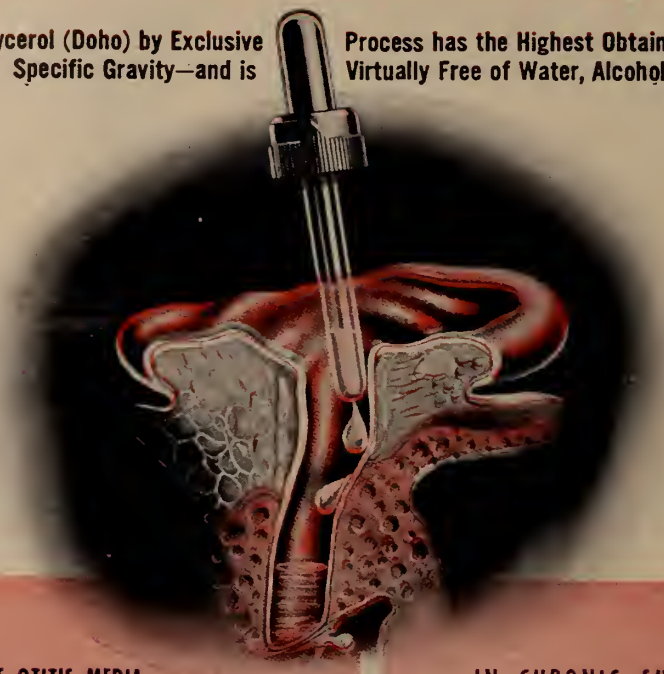
HEMOSULES* 'Warner'—hematinic capsules—are available in bottles of 96, 250 and 1,000 at all leading pharmacists.

WILLIAM R. WARNER & CO., INC.
New York St. Louis

*Trade Mark
**The need for pyridoxine hydrochloride, calcium pantothenate and folic acid in human nutrition has not been established.
†The minimum daily requirement for niacinamide has not been established.

THE INDICATION DICTATES THE CHOICE OF MEDICATION

Glycerol (Doho) by Exclusive Specific Gravity—and is Process has the Highest Obtainable Virtually Free of Water, Alcohol and Acids



IN ACUTE OTITIS MEDIA

REMOVAL OF IMPACTED CERUMEN

AS AN ADJUNCT TO SYSTEMIC ANTI-INFECTIVE THERAPY, AS PENICILLIN, ETC.

CONTAGIOUS DISEASE EAR INVOLVEMENTS

***USE* Auralgan**

... because its potent decongestont, dehydrating ond anolgesic oction provides quick, efficient relief of pain and inflammation in ony intact drum involvement.

FORMULA:

Glycerol (DOHO)	17.9℈ GRAMS
(Highest obtainoble spec. grav.)	
Antipyrine	0.81 GRAMS
Benzocaine	0.21 GRAMS

IN CHRONIC SUPPURATIVE OTITIS MEDIA, FURUNCULOSIS AND AURAL DERMATOMYCOSIS

USE

O-TOS-MO-SAN

... o potent chemical combination *(not a mere mixture)*, combining Sulfathiazole ond Urea in AURALGAN Glycerol (DOHO) Base—because it exerts a powerful solvent oction on protein motter, liquefies and dissolves exuberont gronulotion tissue, cleanses ond deodorizes, and tends to exhilorate normol tissue healing in the effective control of chronic suppurative otitis media.

FORMULA:

Urea	2.0 GRAMS
Sulfathiozole	1.6 GRAMS
Glycerol (DOHO) Base	16.4 GRAMS

Literature and samples sent to physicians on request.

DOHO CHEMICAL CORP.—Makers of AURALGAN and O-TOS-MO-SAN NEW YORK 13

Hematinic with B Complex

℞

Multi-Beta Liquid 30 cc.
Mol-Iron Liquid q.s. 240 cc.
Sig.: Two teaspoonfuls in water after meals

Sedative with B Complex

℞

Multi-Beta Liquid 30 cc.
Elixir Phenobarbital q.s. 120 cc.
Sig.: One teaspoonful t.i.d.

Fortified Appetizer

℞

Multi-Beta Liquid } aa 15 cc.
Tincture Nux Vomica ... }
Sig.: 20 drops in water before meals

An excellent prescription vehicle . . . White's Multi-Beta Liquid provides generous amounts of the B vitamins in small dosage volume.

One teaspoonful daily of White's Multi-Beta Liquid provides full *adult* supplementation; five drops daily raises the average infant intake of all clinically important vitamin B factors to a nutritionally safe range.

White's Multi-Beta Liquid is a notably stable, *non-alcoholic*, pleasant tasting liquid. Freely soluble in milk mixtures and orange juice. Palatable when taken directly.

White Laboratories, Inc., ***Pharmaceutical Manufacturers, Newark 7, N. J.***

White's

MULTI-BETA LIQUID

Multi-purpose Vitamin B Complex Source

HERAPEUTICALLY DESIGNED . . .

A new choleretic-digestant without laxatives or cathartics for the relief of post-prandial fullness, food intolerance, epigastric pain, faulty intestinal elimination and other distressing symptoms of the non-surgical "biliary dysfunction syndrome."



BILOGEN
'ORGANON'

EACH BILOGEN TABLET CONTAINS:
Ox bile extract.....2 grs.
Oxidized mixed bile acids.....1¼ grs.
(=approx. 1¼ grs. dehydrocholic acid)
Desoxycholic acid.....½ gr.
Pancreatin (high digestive power) equivalent to Pancreatin U.S.P. 3¾ grs.

The therapeutic efficacy of BILOGEN 'Organon' is due to the judicious, therapeutically-designed combination of its several ingredients: Ox bile extract to stimulate bile secretion, oxidized mixed bile acids to flush biliary ducts, desoxycholic acid to promote fat absorption, and pancreatin to supply digestive ferments. The balanced combination of ingredients in BILOGEN tablets is not only therapeutically designed but also skillfully compounded. The pharmaceutical art exercised in preparing BILOGEN tablets assures optimal activity of each component. BILOGEN is available for the physician's prescription in bottles of 100 and 1000 tablets.

T.M.—Bilogen

ORGANON INC. • ORANGE, NEW JERSEY



The most "persuasive" oral germicide you can prescribe

1. Cēpacol persuades a wide range of oral bacteria to surrender within 15 seconds after contact[1]

2. Cēpacol's pleasant taste persuades your patients to use it

The rapid antisepsis[2] and soothing relief which Cēpacol brings to inflamed, sore throats are important. Along with the fact that Cēpacol is non-irritating, non-toxic, and does not interfere with tissue healing. Too, patients are extremely grateful to you for prescribing something so effective that also is so *pleasant* to use—as either gargle or spray.

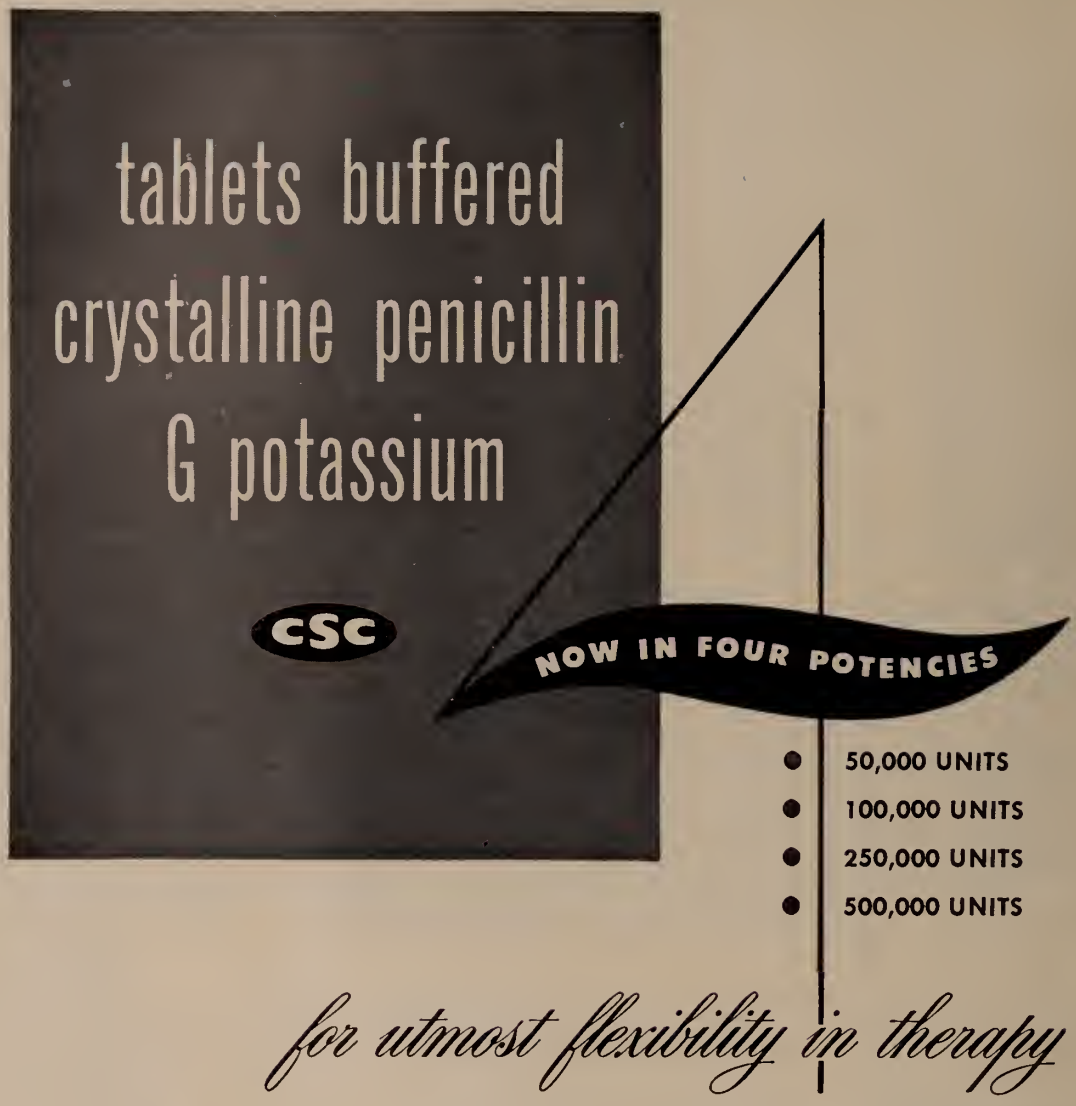
CĒPACOL®

The alkaline germicidal solution that works in partnership with saliva

Merrell
1828
CINCINNATI • U. S. A.

NOW AVAILABLE—Cēpacol Throat Lozenges! These convenient, pleasant-tasting lozenges, dissolved slowly in the mouth, provide a soothing, analgesic solution to relieve the dryness and irritation of sore throat.

1. As shown in laboratory studies. 2. Cēpacol contains an effective germicidal detergent, the quaternary ammonium salt Ceepryn ® Chloride, 1:4000.



for utmost flexibility in therapy

Oral penicillin therapy is placed on a convenient, efficient basis by the four potencies of Tablets Buffered Penicillin G Potassium-C.S.C. that are now available: 50,000 units, 100,000 units, 250,000 units, and 500,000 units each. The higher potency tablets are especially valuable in that large doses may be given without undue inconvenience to the patient, making practical the therapy of many acute infectious diseases usually treated parenterally. Tablets Buffered Penicillin G Potassium-C.S.C. are adequately buffered for protection against the destructive action of gastric hydrochloric acid and are heat stable, requiring no refrigeration. Available on prescription at all pharmacies.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION • 17 E. 42ND ST. • NEW YORK 17, N. Y.





Low-Cost Estrogenic Therapy

Today, not one of your patients need be denied the benefits of estrogenic therapy whenever it is indicated. The physiological effects of diethylstilbestrol are almost indistinguishable from those of natural estrogens. Scores of published reports testify to the effectiveness of diethylstilbestrol in relieving symptoms of the menopause, senile vaginitis, painful engorgement of the breasts postpartum, and "functional uterine bleeding."

Diethylstilbestrol, Lilly, is available in tablets, ampoules, and vaginal suppositories in dosages to fit every indication. Complete literature is available upon request.



Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.



A 15" x 12" reproduction of this illustration by George Garland is available upon request



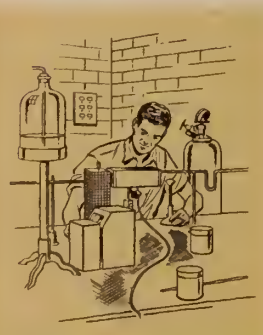
MEDICAL RESEARCH IS IN THIS PICTURE



Take away the joy of participating in the affairs of youth, and life would lose much of its sparkle. This middle-aged mother is enjoying the occasion of her daughter's first formal "prom" as much as if it were her own.

Fortunately, most women undergoing the menopause do not need the help of an endocrinologist. For those who do, his knowledge and services may mean the difference between semi-invalidism and comparatively normal health.

Pharmaceutical preparations of the sex hormones, whenever indicated, are valuable tools of the physician. Many useful products have already been made available. At the Lilly Research Laboratories, pharmacologic and clinical investigations are being energetically pursued with the view of further clarifying this complex subject. Significant developments are reported to the medical profession without delay.



Lilly

LILLY SPECIALISTS SERVE THE MEDICAL PROFESSION

The ILLINOIS Medical Journal

Official Journal of the Illinois State Medical Society

Harold M. Camp, EDITOR. Theodore R. Van Dellen, ASSOCIATE EDITOR.

EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry Culver, Walter Stevenson, Raymond W. McNealy, Arkell M. Vaughn.

Vol. 96, No. 4 October, 1949

THE SECOND SPEAKERS' TRAINING CONFERENCE

Last February, the Illinois State Medical Society held a Speakers' Training Conference in Chicago which was well attended and was highly popular. As a result of this conference, many additional speakers were added to the list of speakers willing to talk before lay groups on Compulsory Health Insurance. Following this conference, many additional names were added to the list and hundreds of talks were scheduled throughout the state.

The Council authorized another conference which was held at the LaSalle Hotel, Chicago, on Sunday, September 11. More than 200 were present throughout the entire session and a most interesting program was presented. Percy E. Hopkins as chairman of the Committee on Medical Service and Public Relations gave the address of welcome, telling of the purpose for calling this second conference, and urging all present to remain for the entire session and take notes so that they might be able to ask questions at the proper scheduled time.

Walter Stevenson, President of the State Society made a few remarks then presided during the conference. Hon. L. C. Arends, Representative in Congress from the 17th District of Illinois, talked on the Menace of Coming Months. Congressman Arends made a fine talk which we will publish in an early issue of the Illinois Medical Journal. He stated that no matter what the Washington planners say, the proposals for socialized medicine now before Congress "seek the nationalization of American medicine down to last bottle of aspirin".

Dr. R. B. Robins, Camden, Arkansas, who is Democratic National Committeeman from Arkansas, and a member of the A. M. A. Co-ordinating Committee, gave a very interesting discussion of what is going on in Washington, and discussed some of the things the A. M. A. has been doing in recent months. He stated that more than 1,500 organizations have pledged support to the medical profession's campaign against a compulsory health program.

Edwin S. Hamilton, Kankakee, Secretary of the A. M. A. Board of Trustees and likewise a member of the Co-ordinating Committee, likewise told of some of the things the A. M. A. has been doing, and also of the splendid cooperation which has been given by the affiliated state and territorial medical societies. He referred to the work of the National Education Campaign under the direction of Whitaker and Baxter, giving information of much interest to all present at the conference.

Rev. Michael I. English, S. J., Regent, Stritch College of Medicine, of Loyola University, Chicago gave a most interesting talk on medical ed-

ucation in the United States, and the increasing responsibilities of the medical schools. He told of the problems likewise, in hospital adminstration, and envisaged the effects on both the medical schools and hospitals under a compulsory health insurance plan, which has not worked out to the best advantage of the citizens in any country where such a plan has been in operation. He referred to recent developments in medicine, most of which were developed in this country where up to now, research has not been subsidized.

James H. Keith, D. M. D., and William E. Mayer, D. D. S., told of the cooperation on the part of the Illinois State Dental Society, whose problems are identical with those of the medical profession. Some interesting pamphlets distributed by this organization were handed out to those registering at the conference.

Mrs. E. M. Egan, President, Woman's Auxiliary to the Illinois State Medical Society told briefly of the desire of her group to cooperate in every way possible with the State Medical Society, and they are always awaiting further orders. She had quite a group of officers and other officials of the Auxiliary at this Conference.

Don Compton, Chairman, Speaker's Bureau, National Association of Accident and Health Underwriters told of the activities of this group in the present effort to oppose in every way possible, the enactment of legislation to develop a compulsory health insurance plan. He believed there is a place for insurance companies and service plans, and that all must work constantly to get more American people insured against the hazards of illness or disabling accidents.

E. P. Lichty, Executive Director, Blue Shield and Blue Cross, and E. E. Salisbury, Executive Director, Chicago Hospital Council told of the growth and functions of their respective organizations, both of which are unalterably opposed to a government medical care program.

Following the complimentary luncheon, Dr. Warren H. Cole told of the program for Chicago, he being Chairman, Committee on Medical Service, of the Chicago Medical Society.

James C. Leary, Director of Public Relations for the Illinois State Medical Society had as his subject, Who and How in County Programs, and he told of the present efforts of this Society to get to the grass roots in our own educational program. He also told of the cooperation with the National Educational Program, and close relationship with Whitaker and Baxter.

The last speaker on the program, was J. Manley Phelps, teacher of speech, Chicago, whose subject was Telling Your Story Effectively. Mr. Phelps gave much interesting information to speakers, illustrating many of the points in showing what constitutes a good talk. Mimeographied copies of many more pertinent points on speaking properly, were handed out to all registrants at the conference. This was a highly instructive talk which was greatly appreciated by all present.

A question and answer period followed, and the meeting adjourned at 4.30 P. M. With more than 200 present, there were official representatives from a number of other states, such as Wisconsin, Michigan, Tennessee and Iowa. We hope to have available soon for all those who registered at the conference, and others who desire them, copies of the talks given by Congressman Arends, Dr. R. B. Robbins, and by Father English.

Again it was the general opinion of all present, that this was a well worth while conference, and one that was greatly appreciated.

IT'S *YOUR* MOVE DOCTOR!

The English physicians lost their battle against Socialized Medicine because they were too polite to fight. This inertia proved a costly blunder as most of the British physicians now admit. A stiffer fight may have prevented the chaotic conditions now existing and lightened the taxes not only here but also in the British Isles.

State Medicine strictly is a political battle. Most physicians are against it but to date only a handful have done anything about it. A campaign of this nature requires more than all the Whitaker and Baxters in the country; it requires the combined cooperation of us all. The campaign requires the individual efforts of every American physician. The battle will not be won in Washington but by convincing patients and friends at home that State Medicine is bad medicine for the country. To do this every physician must know the facts, pro and con, as well as he knows the symptoms of appendicitis. It is the grass root strategy of campaigning in the local community that "brings home the bacon."

Many physicians think that they are too big to resort to grass root politics; others let it be

known that they are so absorbed in the practice of good medicine that they cannot be bothered. We admire everyone who has the welfare of the public at heart but a new variable has been added to alter the picture. In our opinion, State Medicine lowers the standard of medical care and in this respect should stimulate the most conscientious physician to remove his gloves and get in and pitch. Nowadays a physician must be more than a good doctor if he wants to remain a free doctor.

We live in a free country but actually our fate rests in the hands of 435 congressmen and 96 senators. In other words, if we want the politicians to be interested in our cause, we must be interested in theirs. It has been reported that in one city approximately one hundred physicians were not registered and could not vote if they wanted to. Inertia was also evident in the 1948 campaign. A plea for campaign money was sent by a republican organization to physicians in a certain county in Illinois. Not one of them responded even though it meant sending a loyal supporter to Congress. What would you think if you were a congressman and were asked to help a cause in which the constituents involved showed absolutely no interest? In the 1950 elections let us remember that it is easier to settle issues at the polls than in Congress at a later date.

HONORING A FAITHFUL PHYSICIAN

It is generally recognized that the proper time to honor an outstanding citizen is when he is alive and capable of realizing that his friends are desirous of paying their tribute for his activities.

On Tuesday evening, August 30, some 200 friends of John W. Ovitz Sr., M. D., who has practiced in Sycamore for more than thirty years, met at the Country Club in DeKalb to show their appreciation for his many services over a period of three decades. In addition to a large number of members of the medical profession, there were many others from that community present, representing many business and professional groups. The function was arranged by the Medical Staff of the Sycamore Municipal Hospital, and the first greeting was extended by Emery J. Fenwick, M. D., Chief of Staff.

Following a fine dinner, General Cassius Poust was introduced as master of ceremonies. Doctor Ovitz being one of those physicians with one or more hobbies, has long been interested in the breeding of fine cattle, and has served as president of the Brown Swiss Cattle Breeder's Association. The Secretary of this Association was present, and gave the greetings from the Association. He handed a check to Doctor Ovitz for the enlargement program of the Community Hospital.

Chief Justice William J. Fulton of the Illinois Supreme Court told of the standing of Doctor Ovitz in Sycamore and surrounding territory, and extended the greetings of the community as a whole to Doctor Ovitz on this occasion. Professional groups were represented on the program by Harold J. Trapp, M. D., as a staff member of the Sycamore Municipal Hospital, and by Paul W. Carney, M. D., president of the DeKalb County Medical Society.

Walter Stevenson, M. D., president of the Illinois State Medical Society, officially represented this organization on the program and paid his respects to Doctor Ovitz, and congratulated the community for having a man of his ability practicing there.

The speaker of the evening was Hon. Noah M. Mason, member of Congress from the district, who gave a most interesting talk on what is going on in Washington. Part of this fine talk was recorded to be used as a rebroadcast by a local radio station. The Congressman told of the constant efforts in Washington to develop a compulsory health insurance plan, and he gave some highly instructive and interesting statistics which we hope to publish in the near future.

Doctor Ovitz, in his unassuming manner, thanked his many friends for gathering together to honor him, and gave the impression that he had merely done his duty in accordance with precedents established long ago, and in keeping with the teaching of his professors at Northwestern University Medical School, from which institution he was graduated in 1909. Although long interested in the breeding of fine cattle, he wanted it understood that he was an ardent follower of Isaac Walton, and had spent many hours fishing in various parts of the country. He too, firmly believes that every business and professional man should have a hobby, and likewise stressed the importance of occasional vacations.

The expression seemed quite general at this dinner meeting that such an event was a justifiable tribute to an outstanding man in the community, and that it could not happen in countries where medical care is no longer practiced as a private enterprise.

DO YOU OR DON'T YOU?

1. — Do you want to be a political servant?

2. — Do you want to make house calls carrying a brief case instead of a grip?

3. — Do you want your patients to demand treatment, special diets and other remedies even though they do not need them?

4. — Do you want to spend half your time arguing with patients as to the advisability of renewing a disability certificate?

5. — Do you want to practice medicine without being thanked?

6. — Do you want to be forced to spend so much time with neurotics that you cannot treat those who are in dire need of care?

7. — Do you want to be so rushed that you are forced to practice second-class medicine?

8. — Do you want to consult an eight-hundred page looseleaf book each day to familiarize yourself with all the changes in regulations in medical care which the Government has deemed necessary?

9. — Do you want to lower your standard of living?

If not, cooperate with your Medical Society by paying the extra assessment and campaign against Socialized Medicine in your local community.

HEART INFECTION TAKES HEAVY TOLL IN DISABILITY

Despite the success doctors have achieved in curing infection of the lining of the heart by administering penicillin, patients who recover from the disease may be disabled.

One out of three patients in a group of 18 reported in the Sept. 10 Journal of the American Medical Association, were left with a progressive heart condition, although penicillin cleared up the active infection.

Subacute bacterial endocarditis, inflammation of the membrane which lines the heart, has been until recently an almost uniformly fatal disease. In a number of cases it follows rheumatic fever, the article points out.

With the advent of penicillin therapy, however, doctors have been able to cure many patients of the active heart infection. But since the membrane which lines the heart muscle covers the valves of the heart as well as its inner walls, indocarditis may leave scars which cause narrowing of one or more valves or interfere with their proper closing.

All of the group of patients reported by Drs. Sherman R. Kaplan, Ray H. Rosenman, Louis N. Katz, and William A. Brams, of Michael Reese Hospital, Chicago, were followed from 25 to 61 months after their heart infection was cured by penicillin therapy.

Six of the patients had progressive heart disability since the onset of subacute bacterial endocarditis. In three of these the disability led to death from heart failure. Twelve showed no progression of their heart condition, the doctors say.

The great majority of patients with early minimal pulmonary tuberculosis have no symptoms. At present, the only method available for detection of the truly incipient tuberculous lesion is routine chest X-ray examination at periodic intervals. David Reisner, Am. Rev. Tuberc., March, 1948.

MEDICAL ECONOMICS

The Medicol Economics Committee. Chouncey C. Moher, Chmn., Hubert L. Allen, Emmet B. Bay, Edwin F. Boker, Carroll Birch, Thomas C. Browning, Rolond R. Cross, Jomes Groham, George Halperin, Edwin S. Homilton, Ford K. Hick, Edwin F. Hirsch, Moy McDonold Milligon, Morie Wessels, Wolter M. Whitaker, Hollond Williamson.



Medicolegal Testimony

The scope of medicolegal testimony has broadened rapidly since the alienists first attracted widespread attention in connection with sensational murder trials. Workmen's Compensation Laws and the increase in the number of personal injury suits arising from automobile accidents have been chiefly responsible. In addition it can be said that since World War II, there is scarcely a field of human endeavor in which medical advice is not required. An added responsibility has been placed upon the doctor and although his duties have been discharged satisfactorily, for the most part, there has been considerable criticism relative to certain phases of medicolegal testimony. It is natural enough that the criticism has frequently come from the direction of lawyers and litigants whose cases were lost. The doctor on the opposite side has also become critical at times because of testimony by a colleague with whom he did not agree, or whose sincerity, even honesty seemed dubious.

The obections have not been entirely vocal. Attempts have been made by joint action of the legal and medical professions to overcome what has been considered abuses of the privileges given to the doctor in the court room. Transcripts of the proceedings of these groups indicate that attention had been directed chiefly to the irregular testimony of the so-called professional witness and to cases of actual perjury.

Among the remedies proposed the so-called Minnesota Plan has received the greatest attention and where action has been taken by medical and legal societies it has been essentially in accordance with that plan. Briefly, it consists of nothing more than an arrangement by which doctors and lawyers report to a special committee within their societies any case of unethical procedure in the courts by their members. Penalties are not defined and but very little information is available about the results obtained beyond the assertion that improvement in the quality of medical testimony has been observed in Minnesota.

Action in cases of perjury remains of course in the jurisdiction of the courts and where medical testimony is involved there is possibly nothing more difficult to prosecute than perjury. Difference of opinion is permissible and that is usually all that an investigation can reveal.

The laws nevertheless function well as a deterrent to perjury and it is understandable that any form of action by the professional societies would militate against any form of abuse. The effect of such action is least noticable among those members of the medical profession who devote much time to the witness stand and who have become immune to criticism. These men are the chief target wherever objection to our present system of medicolegal testimony arises and it is necessary that the importance of their activities be appraised.

There are possibly no more than half a dozen medical men in the Chicago area who specialize in the examination of plaintiffs and in testimony in their behalf. A greater number are engaged as medicolegal advisers to large corporations where their duties are conserned chiefly with defense. The majority of both of these groups are members of the American Medical Association and the local societies. Otherwise their qualifications are subject to great variation. That some of these whose qualifications are below average are able to qualify as experts is the result of peculiarities of legal procedure. They are experts only in the language of the court where definitions are not those in professional practice. It is seldom true that their influence is equivalent to that of the highly trained specialists and when the contrary is the case poor management by the opposing attorney is ordinarily evident. From a technical viewpoint they recite truths more often than falsehoods and that they succeed in their testimony is frequently because they are able to reflect the desires of the attorneys who engage them. The economic importance of such testimony is possibly not as great as the occasional unwarranted awards might indicate and although there is need for reform, it is not entirely within these groups that it should be applied.

Medical testimony experts the greatest influence when it is given by members of the medical profession who are thoroughly qualified by training as well as by close relationship with the case. Among these are the attending doctor, consultants, and only occasionally experts called by the court to clarify in an unbiased manner some matter in dispute. It is fortunate that among these men there is usually a high regard for truth but unfortunately that their services are the most difficult to obtain. Moreover, there are those among them who are unwary and sensitive to the severity, and in exceptional cases, the abuse of cross questioning. They find themselves in the cross-fire of attorneys who have presented premises that are half-truths or are entirely opposite. They have been called to testify by one or the other of the attorneys and naturally a feeling of loyalty to that side is entertained. The methods of establishing truth in the court are not always those employed by the doctor and an incongruous situation is thus created. The scientist is still looking for the cause of cancer but in the courts the cause has been decided in specific cases and on numerous occasions chiefly by virtue of decision in the higher tribunals. The element of pity, protection of a substantial fee, knowledge of the firm financial position of insurance companies and other large corporations obstruct justice at times and are helpful influences on other occasions.

The doctor's desire to be fair can only be satisfied in his own mind and in minds of those who think as he does, and criticism arising under those circumstances is unavoidable. The problem does not have a general formula which can be used for its solution but the fact remains that legal procedures which have withstood the test of time are as effective as anything that can now be devised and it is our duty to abide by them. In his desire to satisfy the cause of justice—complicated though it might seem—the medical witness still has as his guide the oath which is administered as he takes the stand. He agrees to tell the truth and in so doing it is his duty to choose truths which do not defeat justice. He must be accurate and in the face of confusion or embarassment must remember what he has said if contradiction of his own assertions is to be avoided. If a decision appears contrary to his own interest, it might be favorable from another viewpoint.

The increasing demands for indemity are no different than the ever mounting desire for more public service. The latter is reflected in taxes and the former in insurance premiums which in the aggregate are a substantial burden to those members of society who pay their own way. The medical profession is a sizeable segment of that group—T. C. B.

STATE DEPARTMENT OF PUBLIC HEALTH



Interim Report on the Centralia Emergency Polio Center

Leonard M. Schuman, M.D.
Acting Chief, Div. of Communicable Diseases
Springfield

The 1949 polio season had its early and all too lavish premier in Centralia and Marion County. Within the first two weeks of July, fifteen cases were reported in this County of 48,000 population, with eleven of these occurring in the City of Centralia. Devoid of adequate hospital beds for isolation and with the facilities of East St. Louis and Springfield approaching capacity by polio admissions from southern and central Illinois, Centralia soon found itself unable to cope with its local outbreak. The city health officer, Dr. G. N. Welch, and Mayor H. B. Blanchard appealed to the Illinois Department of Public Health for assistance in opening an isolation facility in the former quarters of the Sister Kenny Foundation Clinic. Their action was encouraged by local physicians and citizenry, with the result that a conference was held in Centralia on July 19, 1949, at which representatives of the State Department of Public Health, the University of Illinois' Division of Services for Crippled Children, the City of Centralia and the National Foundation for Infantile Paralysis were present. The Department of Public Health, upon appraising the physical facilities of the former Kenny Clinic and with the responsibilities of the respective agencies agreed upon, decided to open the facility immediately as an emergency polio isolation and care center for cases of the area.

The facility was provided rent-free by the Huddleson Home of the Baptist Church, which had planned to utilize the quarters as a children's home. Reverend John Winter was asked to stay on as Superintendent of the Center. Equipment formerly used by the Sister Kenny Foundation was utilized with the sanction of that Foundation. The Division of Services for Crippled

Children, under the direction of Dr. Herbert Kobes, assumed responsibility for per diem reimbursement for patients hospitalized. The local chapter and State office of the National Foundation for Infantile Paralysis provided transportation for patients to and from the Center, obtained much needed equipment, authorized the recruitment of nurses through the American Red Cross, secured the services of physiotherapists from Northwestern University and pediatric and orthopedic residents from the University of Illinois. The City of Centralia served as the official fiscal agent in this undertaking.

The Emergency Center filled rapidly within the first week of operation. Patients with positive diagnoses only were admitted and the facility served as a diagnostic center at the request of the physicians of the area. Only private physician referrals were accepted.

In the first week of operation, local nurses, nurses aides, hot-packers, kitchen staff and maintenance men were recruited. Prior to the arrival of Dr. Herbert Mazur, pediatrician of St. Louis and disciple of Dr. Alexis Hartman, who was to serve as Medical Director, the medical staff consisted of Dr. Norman J. Rose, District Health Superintendent from Highland and Dr. Leonard M. Schuman, Acting Chief of the Division of Communicable Diseases of the State Department of Public Health. Dr. Felix Tornabene, District Health Superintendent from Aurora, also served for a short period of time.

The Division of Services for Crippled Children and the National Foundation for Infantile Paralysis obtained the services of the polio consultation team from Northwestern University, represented by Dr. E. D. Houser, orthopedic surgeon and Dr. Arthur Abt, pediatrician. This

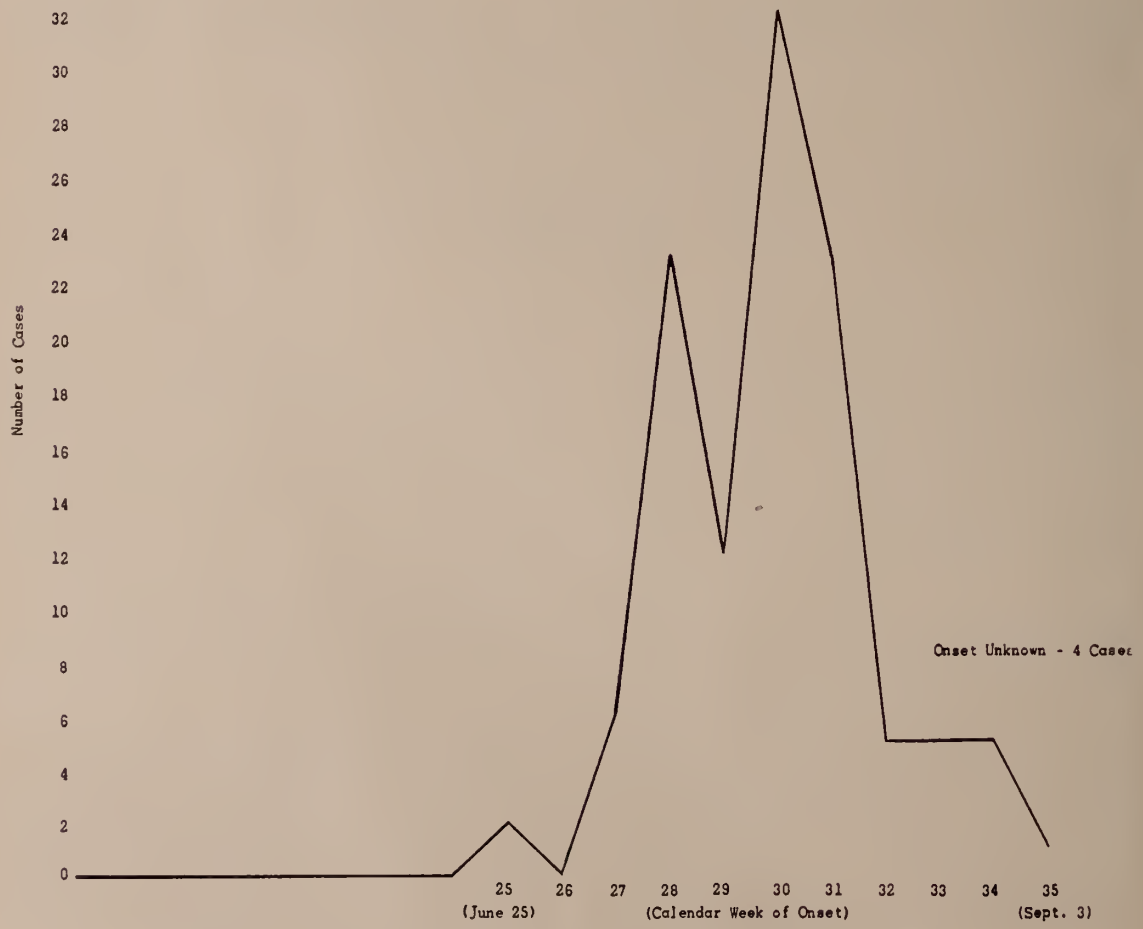


Figure 1. Poliomyelitis, by week of onset, Marion County, Illinois, 1949.

team appraised the personnel and equipment needs of the Institution and provided the temporary services of Dr. Cummins, orthopedic resident, as well as those of three nurse physiotherapists. Dr. Felix Simon of the Lawrence-Wabash County Health Department was recruited as Assistant Medical Director and Admissions Officer. Nursing care coordination was achieved through the excellent services of Sister Mary Leliose, Mother Superior of St. Mary's Hospital in Centralia.

Early in August, the case load exceeded capacity (36) and reached a peak of forty-two patients, despite the discharge of fully recovered cases and the referral to convalescent centers of cases with residual paralysis. Further personnel was required at this stage of operation when the services of Drs. Kurt Glaser and Jack Markowitz, pediatricians, and Dr. Howard Schneider, orthopedic surgeon were obtained from the University of Illinois through the National Foundation for Infantile Paralysis. By this time the United States Air Force at Scott Field, who had been flying respirators and oxygen tents to the Center, supplied thirteen medical corpsmen for general ward duties, as well as three nurses. At peak load, the Center required the services of five resident physicians, three medical students, the thirteen medical corpsmen, forty-three nurses, twenty-two local nurses aides and three nurse-physiotherapists. The forty-three nurses represented eight local recruits, five American Red Cross recruits, five from county health departments, three Air Force nurses and twenty-two nurses from the consultant and supervisory staff of the Illinois Department of Public Health.

The large nursing staff was necessitated by the great number of critically ill patients in this outbreak. At one time, five respirators were in operation, requiring constant special duty nursing. The subsequent unprecedented increase in poliomyelitis cases in downstate Illinois overtaxed the facilities at East St. Lous and Springfield so that overflow patients from the Marion County area as well as from the southeastern counties of Illinois had to be referred to Evansville, Indiana facilities.

With the break in the peak early in September for most of the areas of inordinately increased incidence, acute and convalescent beds became relatively more available in the permanent facilities of Illinois, and with but sporadic cases occurring in Marion County at the time, admissions to the Centralia Center ceased September 6 and the facility closed September 10.

TABLE 1
POLIOMYELITIS, MARION COUNTY, BY AGE & SEX
January 1 — September 8, 1949

Age Group	Male	Female	Total
Under 1 yr.	3	2	5
1- 4	27	16	43
5- 9	17	8	25
10-14	4	6	10
15-19	8	1	9
20-24	2	7	9
25-29	3	7	10
30-34	0	1	1
35-39	0	1	1
40-44	1	0	1
Over 45	0	0	0
Age Unknown	0	4	4
Total	65	53	118

In the period July 19 to September 10, 1949, 237 patients were examined at the Center, 148 patients were admitted with diagnoses of poliomyelitis and 14 diagnosed cases were referred to other hospitals. Among the 148 cases treated at the Center, 9 died — a case-fatality rate of 6.1% for the Institution. This is significantly below the provisional case-fatality rate of 7.6% for the State as a whole through September 7, 1949. During this period, blood samples and feces specimens were obtained from patients for special virus studies, results of which will be forthcoming at a later date.

Though it is too early to appraise the severity of the Marion County outbreak because of the need for follow-up for determination of residual paralysis as well as to evaluate the significance of special epidemiologic studies now in progress, it may be of interest to analyze the morbidity data on a preliminary basis. Though many patients from counties other than Marion were treated at the Center, the Marion County outbreak, by its magnitude (118 cases or 226.9 cases/100,000 population), is of immediate import.

Figure 1 portrays the incidence of poliomyelitis in Marion County by week of onset. It will be noted that the first cases for the year occurred as early as the 25th calendar week (ending June 25). Following this, the rise was immediate and

intense so that by the 30th calendar week (ending July 30), when the peak was reached, 75 cases had occurred. This was followed by a sharp decline with but sporadic cases occurring during the 32nd to 35th weeks inclusive. Thus it can be seen that this outbreak began and the peak reached approximately 3 weeks earlier than the experience for downstate Illinois as a whole.

The 118 cases of poliomyelitis occurring in Marion County between June 24th and September 8, 1949 have been distributed according to age and sex in Table 1. It may be noted that 62% of the cases were patients under ten years of age and 70% were under 15 years of age. Furthermore, the male incidence showed the usual slight excess over the female, (55 males for every 45 females).

Further statistical analyses as to urbanity or rurality, diagnostic types of the disease, severity and outcome as well as contact investigations will be forthcoming in future publications.

SYNTHETIC DRUG AIDS SHAKING PALSY VICTIMS

Successful use of an almost entirely nontoxic drug to alleviate tremor and other symptoms of shaking palsy is reported in the August 27 Journal of the American Medical Association.

The synthetic compound, called Artane, counteracts constriction of muscles and other effects produced by certain nerves. Artane affords as much relief to patients with the disease as does any other available drug, according to Drs. Lewis J. Doshay and Kate Constable, of Columbia University and Neurological Institute, New York.

Artane is expected to be particularly useful in treating long-standing cases of the disease and cases complicated by high blood pressure and heart and kidney disorders, the article indicates.

"The results of clinical studies in a series of 117 patients treated with this agent establish its great usefulness against Parkinsonian disorders and its remarkable freedom from disturbing side reactions," the doctors point out.

"Besides," they say, "it has an unusual cerebral-stimulating action, which is particularly effective in combating the depression and inertia prevalent among these patients. It is safe for use by the young and the old, the ambulatory and the infirm, the hypertensive, the cardiac, and the nephritic.

"It recommends itself as the drug of choice in arteriosclerotic and idiopathic [spontaneous] cases, and should be tried regularly in postencephalitic cases in which other forms of medication prove disturbing or ineffectual."

Exposure to fumes and gases could not be proved to favor the onset of tuberculosis; neither lead absorption and intoxication, nor mill dust and foundry employment are associated with the development of tuberculosis. High temperatures and humidity are without significant influence upon tuberculosis, nor are any theoretical reasons advanced to the effect that they should be. Radiant heat in the steel industry causes no tuberculosis in those exposed. Rutherford T. Johnstone, Am. Rev. Tuberc., Oct., 1948.

CORRESPONDENCE



YOUR MENTAL HOSPITALS "ALCOHOLICS"

Six male alcoholics were admitted to the Illinois State Mental Hospitals for every female alcoholic admitted during 1948.

A recent statistical study[1] was made of the annual admissions and of the resident population of the alcoholics in the nine State institutions. Contrary to some reports, the resident population of alcoholics with psychoses (patients remaining in the institutions) has not increased as shown by Table 1.

During the twelve month period there were over 2,900 patients admitted for alcoholism, one third suffering from a psychosis and two-thirds being without a psychosis or not insane. Many of these patients entered the institutions, received treatment, improved or recovered, and returned to their home or community.

There was no age limit for alcoholics, as the list varied from seventeen years to over eighty-five years of age. The largest number of admissions for both sexes was from forty to sixty years of age.

It is extremely interesting to analyze the admissions according to race. Topping the groups of those differentiated by racial descent are the British (English, Irish, Scotch and Canadian), the Slavonic (Russian, Polish and Czech), and the Negro. At the bottom of the group are the Hebrew (9 out of 2,900 admissions) and the Spanish, French and Italian (33 out of 2,900 admissions). It is difficult to explain why certain racial groups have a higher tendency to alcoholism and alcoholic psychoses. The groups at the bottom of the list do drink alcoholic beverages. They do use beverages which are low in alcoholic content, namely, the wines.

TABLE 1
Resident Patients in
Illinois State Mental Hospitals

Year	All Mental Disorders	Alcoholic Psychoses	
	Total No.	Total No.	Percentage
1925	19,968	577	2.9
1930	22,655	796	3.2
1935	26,572	893	3.3
1940	32,037	1,459	4.5
1948	34,067	1,211	3.6

According to the survey the rate of alcoholism was higher in the more educated patients. The number of high school and college trained individuals in Table 2 is high when one remembers that they form only a limited percentage of the total population.

As mentioned previously, the admission of men was six to one as compared to women. Analysis

[1]Prepared by the Research and Statistical Division, Illinois Department of Public Welfare.

TABLE 2.
Degree of Education of Alcoholic Patients
Admitted to the State Mental Hospitals

Education		Total No.
Illiterate		22
Read and Write		80
Common School		
1st to 4th Grade (incl.)	119	
5th to 7th Grade (incl.)	329	
8th Grade	813	
Unknown	23	1,284
High School		803
College		188
Not Reported		594
Total		2,971

of marital status revealed that admissions were approximately equal for the (a) single, (b) married, and (c) divorced or separated male patients. The admissions of single women were very low compared to admissions for alcoholism in the married or divorced and separated groups of women. If the married group would include those who were married at the time of admission to the hospital or were previously married (the widowed, divorced or separated groups), it would greatly exceed the single group. If one recalls that the larger number of alcoholics admitted were in the forty to sixty year range, then one would expect the number of married patients to be higher than the single.

G. A. Wiltrakis, M.D.
Deputy Director
Medical and Surgical Service

TWENTY CLINICS FOR CRIPPLED CHILDREN LISTED FOR NOVEMBER

Doctor Herbert R. Kobes of the University of Illinois Division of Services for Crippled Children, has released the November schedule of clinics for physically handicapped children. The Division will conduct 15 general clinics providing diagnostic orthopedic, pediatric, speech and hearing services. There will be four clinics for children with rheumatic fever and one for cerebral palsied children.

Several clinics were canceled during July because of the prevalence of poliomyelitis. However, 615 children were examined at the general clinics, 45 at the rheumatic fever clinics and 11 at the cerebral palsy clinic. Attendance at the latter type of clinic is by invitation only.

Local medical and health organization, both public and private, cooperate with the Division in providing this clinic service to Illinois' thousands of physically handicapped children. The examining clinicians are selected from private physicians who are certified Board members. Any private physician may refer or bring to a convenient clinic those children for whom he may want examinations or may want to receive consulative services.

The November clinics are:

November 1 — Casey, High School
November 2 — Joliet, Will Co. TB Sanitarium
November 3 — Hinsdale, Hinsdale Sanitarium
November 8 — Peoria, St. Francis Hospital
November 8 — E. St. Louis, St. Mary's Hospital
November 9 — Evergreen Park, Little Co. of Mary
November 10 — DuQuoin, Marshall-Browning Hospital
November 10 — Elmhurst Rheumatic Fever, Elmhurst Community Hospital
November 10 — Springfield, St. John's Hospital
November 11 — Chicago Heights Rheumatic Fever, St. James Hospital
November 14 — Shelbyville, Veteran's Center
November 16 — Sterling Public Hospital
November 16 — Alton, Alton Memorial Hospital
November 17 — Rockford, St. Anthony's Hospital
November 17 — Bloomington, St. Joseph's Hospital
November 18 — Chicago Heights Rheumatic Fever, St. James Hospital
November 22 — Peoria, St. Francis Hospital
November 22 — Pittsfield, Illini Community Hospital
November 29 — Effingham Rheumatic Fever, St. Anthony's Hospital
November 29 — Watseka, County Court House
November 30 — Springfield Cerebral Palsy, St. John's Hospital

Children accepted for Division care are those with:

1. Orthopedic conditions including acute poliomyelitis
2. Rheumatic fever and heart disease
3. Conditions of the nervous system
4. Cerebral palsy
5. Congenital and acquired defects which respond to plastic surgery
6. Speech defects associated with organic conditions
7. Hearing loss and deafness
8. Epilepsy

Carrying on its program the Division works cooperatively with local medical societies, hospitals, Illinois Children's Hospital-School, civic and fraternal clubs, visiting nurse associations, local social and welfare agencies, local chapters of the National Foundation for Infantile Paralysis and other interested groups.

In all cases, the work of the Division is intended to extend and supplement—not supplant—activities of other agencies, either public or private, state or local, carried on in behalf of crippled children.

WHAT EVERY DOCTOR'S WIFE SHOULD KNOW

At our recent convention at Atlantic City all Auxiliary members were impressed with the stress all speakers—officers, chairmen and members of the Board of Trustees of the American Medical Association; put on the importance of our organization. American Medicine needs us NOW and those of us who are responsible for Organization work pledged our cooperation. I, as key organizer for the State of Illinois for the year 1949-1950, come to you with the hope of reaching every potential member. Illinois is composed of one hundred and two (102) counties twenty-four (24) of which are organized. We have twenty-three (23) members-at-large from nineteen (19) different counties which gives us representation in forty-three (43) of the one hundred and two counties. These figures are given to show the tremendous amount of organization work yet to be accomplished.

We wives of doctors believe we can materially assist in the work of our husbands by banding to-gether to be instructed in medical matters of the day in which the general public is interested and then to disseminate the correct information through the various social or civic groups with which we are affiliated. We have also found great differences of age and interests have often prevented us from knowing each other well. I realize, for I have used the same arguments myself, that women throughout the United States are over-organized and we have no time for anything more. But, coming down to brass-tacks, the maintenance of our husbands' profession is being openly challenged by many groups and in the Congress of the United States. Looking at it from this stand-point, what other study, civic or social group should rate priority? The following questions and answers about the Woman's Auxiliary to the Illinois State Medical Society may prove helpful in fulfilling our goal of "Every doctor's wife a member of the Auxiliary".

1. What is the Woman's Auxiliary to the Illinois State Medical Society? The Woman's Auxiliary to the Illinois State Medical Society is an organization of wives of members in good standing of the County Medical Societies throughout the State.
2. What are the objectives of a County Auxiliary?
 a. To assist the County Medical Society in the advancement of prevention of disease.
 b. To aid in securing better medical legislation.
 c. To do such other supplemental work as shall be determined from time to time by the County Medical Society.
 d. To endeavor by frequent meetings to secure knowledge of, and to disseminate the aims and educational program of organized medicine throughout the community.
 e. To function as a component unit of the Auxiliary to the Illinois State Medical Society, and through it a part of the Auxiliary to the American Medical Association, and to further the interests thereof.
 f. To contribute to the Benevolence Fund.
3. What are the purposes of the County Auxiliary?
 a. Through its members to explain the objectives of the medical profession to lay organizations interested in health education.
 b. To assist in the entertainment of all Illinois State Medical Society Conventions.
 c. To promote acquaintanceship among physicians' families and thus foster better fellowship.

4. Is there a National organization?
Yes. The American Medical Association authorized the organization of the Woman's Auxiliary to the AMA in 1922.

5. Are there members-at-large in counties not organized?
Yes. There are members-at-large in nineteen counties.

6. How does the Auxiliary assist the Medical Society in legislative work?
a. By educating its membership to the knowledge of the problems that face the medical society.
b. By communicating with their State and National legislators.
c. By presenting authentic speakers on pertinent legislative topics before local organizations.
d. By distributing material authorized by the medical society.

7. How does the Woman's Auxiliary assist in Public Relations?
a. By acting as a liaison group between the medical society and the public, and by developing a spirit of understanding and good fellowship between the laity and the profession.
b. By taking part in the various local health drives and community projects with the permission of the medical society.

8. Does this Public Relations work supplement Society activity?
Yes. The work done by the Auxiliary carries with it the sanction of the medical society, thereby allowing the Society to be included in community projects that have to do with the positive features of the Health Programs of the AMA, State and County Medical Societies in which they otherwise might not be able to participate.

9. What other work does the County Auxiliary do in Public Relations?
a. Holds study groups on prepayment medical care plans.
b. Contributes to the benevolence fund.
c. Promotes sale of Hygeia.
d. Helps with the nurse recruitment program.
e. Arranges Health Education programs.
f. Sponsors legislative work as recommended by medical society.

10. Are Auxiliaries controlled by their County Medical Societies?
Yes. Through an Advisory Committee appointed by the President of the County Medical Society.

11. How is a new Auxiliary organized?
A motion to approve the organization of an auxiliary must first be approved by the County Medical Society.
An interested representative physician's wife acts as organization chairman. She contacts the State Councilor of the Auxiliary and the State Organization Chairman and requests their assistance in organizing the new auxiliary.

12. How is the first meeting arranged?
The State Organization Chairman and the State Councilor of that district assist the local group with further arrangements. These depend largely on the size of the new unit. The representative physician's wife issues invitations to the wives of their members to attend a meeting or tea for the purpose of organizing an auxiliary to the medical society. It is helpful to have your State Organization Chairman and State Councilor at the very first meeting to explain the aims and purposes of an auxiliary.

13. What is the next formal step?
The local organization chairman calls for a motion to organize an auxiliary to the county medical society with those present as charter members. She then appoints the nominating committee. The new unit sets a date for their next meeting at which election of officers takes place, or elects officers at this meeting.

14. What are the dues?
Each county decides for itself. Membership dues range from $3 to $7 as voted by the membership.

15. When are the dues payable?
Dues shall be payable on or before March 1st. of each year.

16. What are State Dues?
Each County forwards $2.00 per capita for each member on the roll to the State Treasurer. She, in turn, forwards $1.00 per capita for each member to the National Treasurer.

17. How does the county auxiliary use its money?

For the support of its organization, placement of Hygeia, contributions to benevolence fund and whatever they decided to sponsor.

18. How is the county represented at the State Convention?
 Every County Auxiliary shall be entitled to one delegate for each twenty-five members or major fraction thereof.
19. Is the county auxiliary represented at the State Board meetings?
 Yes. Each County president and president-elect are expected to attend the fall board meeting. She reports accomplishments and problems of her county.
20. Do State and National Auxiliaries maintain contact with the county Auxiliary?
 Yes. Through the quarterly Bulletin of the Woman's Auxiliary to the American Medical Association.
 a. Material is prepared and distributed by each state chairman for the guidance of local chairman.
 b. By attendance at conventions and by personal visits of the president and state officers.
21. What does the physician's wife benefit from membership in the Auxiliary?
 a. She benefits from taking her part in the promotion of harmony and good fellowship among the physicians' families in her community.
 b. She benefits from assuming her responsibility in joining with the other physicians' wives in the United States in an organization assisting the medical profession in the solution of the problems confronting them.
 c. She benefits in that her name on the roster and her financial support works for the aims and purposes of the Woman's Auxiliary to the American Medical Association throughout entire country.

Effie S. Sibilsky (Mrs. Carl E.)
100 N. Glenwood Ave.,
Peoria No. 5, Illinois

POSTGRADUATE COURSE ON URINARY TRACT DISORDERS

On November 17, 18, and 19 the Frank E. Bunts Institute and the Cleveland Clinic will present a continuation course for physicians on "Medical and Surgical Disorders of the Urinary Tract". Dr. Herman L. Kretschmer of Chicago will give the evening address November 17 on "Clinical Significance of Hematuria". The other out-of-town guest speaker will be Dr. Louis Leiter of New York, who will speak on "Uremia" Saturday morning, November 19, and who will take part in the panel discussion closing the course.

Inquiries regarding the complete program and registration can be addressed to the Director of of Education, Frank E. Bunts Educational Institute, 2020 East Ninety-third Street, Cleveland 6, Ohio.

PRIZES FOR UROLOGICAL RESEARCH

The American Urological Association offers an annual award of $1000.00 (first prize of $500.00, second prize $300.00 and third prize $200.00) for essays on the result of some clinical or laboratory research in urology. Competition shall be limited to urologists who have been in such specific practice for not more than five years and to residents in urology in recognized hospitals.

The first prize essay will appear on the program of the forth-coming meeting of the American Urological Association, to be held at the Hotel Statler, Washington, D. C., May 29—June 1, 1950.

For full particulars write the Secretary, Dr. Charles H. de T. Shivers, Boardwalk National Arcade Building, Atlantic City, N. J. Essays must be in his hands before February 20, 1950."

SEEKS ULCER DATA

To The Editor:—

The study of twins is of great value in providing information concerning the respective importance of hereditary predisposition and environmental influences in disease in man. The results of the use of this method have shown a hereditary predispostion to tuberculosis, diabetes, and tumor formation, and a high, medium or low intelligence quotient.

There is some *a priori* evidence showing an hereditary predisposition for peptic ulcer. Only six cases of the occurrence of peptic ulcer in the one or both of mono- or dizygous twins have been reported in the readily accessible literature. Since twins are born in 1 of 86 births and identical twins in 1 of 344 births and general inci-

dence of ulcer is from 5 to 10 per cent there should be plenty of material available.

I should like to ask physicians to cooperate in assemblying such material by sending me cases in which (1) one or both twins develop peptic ulcer, (2) the site of the ulcer, (3) the age of onset of ulcer, (4) the type of twins (monovular or diovular), (5) the sex of the twins, (6) the date of birth of the twins, and (7) the number and age of the brothers and sisters and the absence or presence of ulcer in each.

A. C. Ivy, M. D.
Department of Clinical Science,
University of Illinois,
1853 West Polk Street,
Chicago 12, Illinois

USE THE AMMUNITION FURNISHED YOU

If the medical profession of America values its personal freedom, each doctor must fight against passive acceptance of the "status quo." It is our duty to the American people, and to ourselves, to protect our system of free enterprise.

To do this, we must get the truth before the people.

The National Education Campaign of the American Medical Association has provided material which can be of tremendous value to us in our struggle to reject Compulsory Health Insurance.

Don't delay any longer. Fill out the coupon below and put this excellent material to work for our cause.

Please check items and note quantity desired.

Then mail to:

Dr. Harold M. Camp, Secretary
Illinois State Medical Society
Monmouth, Illinois

Quantity

- ☐ Question and Answer pamphlet "The Voluntary Way is the American Way" _____
- ☐ Illustrated Folder, "Your Medical Program — Compulsory or Voluntary?" Reception room and mail enclosure piece _____
- ☐ "Compulsory Health Insurance — A Threat to Health — A Threat to Freedom!" Basic speech in pamphlet form _____
- ☐ "The Doctor," 19″ x 20″ color reproduction of Fildes painting, for office display _____
- ☐ "The Doctor," 35″ x 35″ blowup of Fildes painting, for large public display _____

NAME: _____

STREET ADDRESS: _____

TOWN: _____

ORIGINAL ARTICLES



A Dean Looks at Medical Education and Practice

Edward L. Turner, M.D.
Dean, School of Medicine
University of Washington
Seattle, Washington

In April of 1948 an interesting and significant conference on "Education for Professional Responsibility" was held at Buck Hill Falls, Pennsylvania. Leaders in education in the fields of divinity, law, medicine, engineering and business met to exchange experiences and to discuss the objectives of professional education, the content and methods of professional instruction, and the humanistic and social education needed as preparation for professional responsibility and citizenship. In his introduction to the little volume reporting the proceedings of this interesting inter-professional conference Professor Elliott Smith (1) makes the following statement:

> "If professional men are to play their part in preserving the freedom and improving the character of our democracy, they must continue to learn throughout their lives from study and experience the changing character of the problems which confront Society and the changing means available for solving them. Only by so doing can their influence on public action be well informed and free from bondage to propaganda. They must learn how to apply the power of mind which they develop in professional study and work to dealing with the complex problems that confront our government. Only by thus giving of their highest powers to the public good can they maintain the effective popular control that alone separates democratic bureaucracy from dictatorship. Finally, they must do all this in spite of the engrossing demands of professional work."

This statement seems to me to be of particular significance today, for we are living in a time when the engrossing demands of the task of learning to be a physician and then actually

Oration in Medicine, 109th Annual Meeting of the Illinois State Medical Society, May 16, 1949.

being a good physician are greater than ever before. At the same time we are in the midst of a situation where it is imperative that our profession give equally serious thought to this complex social upheaval in which we find ourselves living, and that we be able to take an intelligent role individually and collectively in helping to solve some of the problems that face us as a nation. We as physicians have found ourselves peculiarly unprepared for the role of leadership in certain aspects of this changing world where the need for farsighted leadership has been greater than ever before.

For too long we have gone blithely on our way, endeavoring to be physicians, doing our work well and conscientiously, but almost oblivious to the current of political and economic struggle between the two great ideologies, the free enterprise of capitalism and the planned economy of stateism, that has been going on around us. True enough there have been some of our professional leaders and many individuals within our ranks who have been aware from the beginning of the changing social order and the new demands arising with it. But instead of carefully analyzing the situation and endeavoring to meet it with intelligent, foresighted plans there has been a tendency to assume the attitude that *"what has been medicine's part of the picture must not be changed."* We have felt the pulses of our patients and endeavored to interpret them in our professional duties, but we have failed to utilize the obvious pulse changes of Society in an effort to make a clearcut diagnosis, to utilize adequate prophylaxis or to initiate a specific cure.

As physicians we are all familiar with the fact that specific prophylaxis in ample time prevents infection, that application of proper therapeutic procedures when a diagnosis is made can result in cure and that failure to initiate proper therapy soon enough may cost a life or leave a permanently damaged patient. As far as the role of medicine as a profession is concerned in this changing social pattern we certainly did not use adequate prophylaxis, we did not make a correct diagnosis, we have not carried out an adequate differential diagnostic survey that lead to conclusions early enough to avoid complications. Our attempts at therapy when the provisional diagnosis was made were too long on the basis of empiricism rather than on that of sound scientific observation.

As I survey this present struggle in our nation between capitalism and stateism, as I look at the amazing accomplishments of medicine under the system of free enterprise that has made our country great, I cannot help but be interested as to why and how it has been possible for us as a profession to have reached the present status without better preparation to meet it. Apparently the herd instinct that makes men fear to trust their own capabilities and prefer to take refuge in mass action is on the upsurge.

Looking back, therefore, as a student, teacher, practitioner and administrator in the field of medical education I have tried to determine why we have failed in our educational program to help our profession meet its challenges and what should be done in education and practice, even at this late date, if we are to save a vestige of the free enterprise we so dearly love in medicine.

In the first place, when I took my premedical work in one of our country's finest universities the emphasis was on science. "Take more science, take more chemistry, physics and biology". A course in psychology was suggested. On no occasion was I ever told by my premedical advisor that it might be useful to obtain some basic training in the social sciences. I believe that the pattern of my premedical course was pretty much the accepted one at that time and represents what most of the physicians of my vintage received. Some of us delved into the social sciences through interest aroused in one way or another, but relatively few felt they held any particular significance as to what we were aiming for as premedical students. Consequently, while physicians became scientifically sound clinicians, the social, economic and political impacts on medicine were either not fully appreciated or were ignored. Because we had not been sensitized we just couldn't be bothered.

This, I maintain, was partially responsible for the delayed reaction time of the medical profession to the stimulus of the changing order. This was an educational deficiency that would not have occurred if the medical educators of the twenties had been alert to the significance of the growing interests of social sciences or if the Arts and Science premedical advisors had been interested in breaking through traditional barriers.

Frankly, I consider that my college classmates and I wasted a good deal of time meeting what were then, and still are in some institutions, entrance requirements in some fields. Let us use modern foreign language as an example. Ninety percent or more of my classmates never thought again of their modern foreign language the day after they passed their medical school entrance requirement in it.

How much better off such students would have been with more psychology, some basic courses in sociology, economics, political science and modern history. Fortunately most medical schools today do not require modern foreign language for admission. And today which modern foreign language would be most useful anyway? Would it be German, French, Spanish, Italian, Scandinavian, Russian or Japanese? Too many of our colleges still adhere to a basic modern foreign language requirement because it has been the tradition to include it for a bachelor's degree. If we can ever reach the point where an international language can be agreed upon and then everyone learn that plus his native tongue the teaching of a modern foreign language of that type would be useful. Incidentally, I believe that this might be one of the greatest single contributions that could be made towards bringing about better international understanding but this is perhaps beside the point.

In our college and university programs I am inclined to favor the type of outlook expressed by Benjamin Rush in his controversies with the Reverend Charles Nisbet, principal of Dickinson college, in 1788. Nisbet was appointed as head of the institution known as Dickinson College because of his marvelous learning. He was called a walking dictionary. It is said that he could repeat whole books of Homer and Virgil by heart and it is also reported that he memorized Cowper's "Task" in two readings. He was also skilled in Hebrew, including the Chaldee, Greek, Latin, French, Spanish, German and probably Erse (2). With disdainful disregard of the usefulness of such accomplishments on the American frontier this represented education to Nisbet. But Rush held that —

> "While the business of Education in Europe consists of lectures upon the ruins of Palmyra and the antiquities of Herculaneum, or in disputes about Hebrew points, Greek particles, or the accent and quality of the Roman language, the youth of America will be employed in acquiring those branches of knowledge which increase the conveniences of life, lessen human misery, improve our country, promote population, exalt the human understanding, and establish domestic, social and political happiness."

I believe that our good colleague of yesterday, Benjamin Rush, had a basic idea in his utilitarian program that could well serve as a guide for many of our academic institutions today. We need more objectivity and realism and less tradition.

I am firmly convinced that one of the weak places in premedical education even today is inadequate preparation in our own language. Too many of our students have totally inadequate preparation in English. Too many of our students have totally inadequate vocabularies. Too many students do not learn to read effectively in college and have not learned to study by the time they enter medical school. This probably goes basically deeper than college and lies in the methods used in the earlier teaching of English and study habits. As a result of this problem students in many instances waste enormous amounts of time fumbling. Doctor Herman Weiskotten (3), dean of Syracuse University Medical School, indicated some years ago that in his opinion the most common source of difficulty with first year medical students lay in inadequate training in this field. He found that remedial reading courses could frequently aid students to do much more satisfactory work. I would plead, therfore, for more and better English instruction for premedical students.

I would be the last person to desire to see premedical education stereotyped. There are certain basic essentials in science which anyone entering medicine should have. There are some students whose interests will carry them more extensively into biology, chemistry or physics and these individuals will be the ones more likely to turn towards basic medical science and its applications. There are others whose interests will turn them towards more psychology, the humanities and social sciences. They will more likely become the better psychiatrists of the future. There must be reasonable latitude for individual preferences in premedical training just as it must also extend on into professional training and later specialization.

At the time I entered medicine no thought was given during the first two years to anything but basic medical science and a minimum of feeble attempts to give this information some clinical application. A bit later some schools began to introduce a rather nebulous course called psychobiology into the first year of medicine. But in very few schools, if any, at that time was any real attention given to interest medical students seriously in socio-economic problems as they might effect medical practice. Gradually this has been done and these approaches have been introduced most commonly in courses in the field of public health and preventive medicine. In my medical school days public health and preventive medicine frequently was not a significant field of instruction in the eyes of the average medical faculty and the course was treated as a sort of side issue. The interest was focussed on clinical diagnosis, the drama of surgery and on therapy. Thus, again, my generation had a most excellent basic science and clinical training, but usually no significant contact during the training period with the socio-economic problems so important in the field of medical practice. As a result we were not socio-economically oriented as a group and the present day social readjustments caught our profession largely unaware of their significance.

These were definite failures in educational programs. Some of our leading medical educators were voices crying in the wilderness while most of our instructors went blithely on oblivious to everything but their own specialty field. This is one of the great inherent dangers of specialization. Individuals become so engrossed in the narrow field in which they perfect themselves that they tend to lose perspective as to the relation of that field to the entire area of medicine. We are living in an age of specialization and with the good things that go along with it we have allowed some of the more unfortunate aspects of specialization to become too significant. The general practitioner of the past has had to know his patient as an individual and not as a part of an individual. It is my firm conviction that the impersonal aspect of our specialization of recent years has been partially responsible for the misunderstandings between physicians and the public at large.

This is another area in which medical education might have played a much more foresighted role. Our medical schools have become more and more specialized and some of them increasingly compartmentalized until the recent trend towards better integration was initiated. From the day a student entered medical school until the time that he received his diploma many a youngster has never experienced instruction from other than a specialist. A few of our schools endeavored to keep alive the idea of tying things together in undergraduate externships. Until public health and preventive medicine with its broad socio-economic outlook became more important in undergraduate medical training compartmentalization was dominant. The recent interest in psychiatry and sincere efforts to integrate it into all clinical phases of undergraduate teaching is an intelligent and useful development in helping to create a broader teaching perspective.

The development of our specialty boards still further augmented the trends towards specialization. I am not belittling specialization, for as an internist I live in a glass house, and I sincerely believe that thoroughly fine specialists are essential and must be adequately trained. I believe, however, that the individual who should still be the keystone in the firm medical arch, the general practitioner, has been the forgotten man in this frenzy towards specialization.

Time was when a medical school diploma was "open sesame" and its holder could undertake anything and everything that the term "doctor of medicine" covered. The growth of knowledge in medicine has been so great during the past fifty years that an individual would be a "jack-of-all-trades and master of none" to even assume that he could be competent in all phases of the profession today. Consequently, there needs to be a clear-cut definition as to what is encompassed in the modern usage of the term "general practice." Futhermore, there must be adequate undergraduate and graduate opportunities developed to make it possible for interest to increase in this field and for those who have such an interest to obtain the kind of a background that will make it possible to enter the field reasonably trained for it. For many years in hospitals and schools we failed to offer an effective program for training men for general practice. Aside from internships hospital opportunities were largely restricted to residencies in specialties. This became more restricted than ever with the development of the specialty boards. In-

cidentally it is an easy task to develop a residency in a specialty and a very difficult one to work out adequately a good program for a residency in general practice. Actually an individual seeking preparation as a resident in the field of general practice could rarely find one adapted to that end. Recently a few of our medical schools have interested themselves in developing residencies that offer the kind of opportunities in general practice that have long been overdue.

General practice in itself should be a specialty. In my opinion the great emphasis in preparation should be on diagnosis with the largest share of the resident's time allocated to medical diagnosis and rational therapy. The residency should also include sound training in pediatrics, normal obstetrics and certain emergency surgical procedures. Such a residency should be at least two years in length. It should be so handled that the resident general practitioner would be the first to know his limitations and to seek the aid of the specialists in another field when such aid is needed for his patient. Such training if more generally offered can do much to revitalize the importance of the patient as an individual and to prepare young men and women in the future for the field of practice that is still the greatest challenge of all if done properly.

Medical education is a continuing process throughout life. There is no field more dynamic from the standpoint of perpetual change than is our profession. The constantly changing and improving diagnostic and therapeutic procedures offer a continuously varying panorama that challenges the clinician throughout his life.

So far I have restricted my discussion to some of the problems in the background of medical practice, endeavoring to indicate what I feel to be some of the areas where we have failed in our premedical and medical education in developing an adequate breadth of perspective in students. I do not consider all of our problems today to be the results of these factors but I feel that they have played a role in leaving serious gaps in the educational pattern. American medical education has made such tremendous advances in the past half century that it is probably begging the point to be overly critical but we could have done better and we will do better in the future. But what about medical practice?

Although we have the most advanced medical knowledge the world has ever seen in this great country of ours, we are all fully aware that there are medical service deficiencies. It is obviously true that the distribution of medical services could be better and that there are areas seriously in need of medical personnel and facilities. But medical education and the medical profession cannot be held primarily responsible for this situation. Population factors, social, economic and enviromental elements all play significant roles. In the stateist scheme of thought the state is not at fault and it must have a scapegoat. Someone must be blamed for the deficiencies and, as Moore (4) has recently stated, the politically amateur doctor makes a wonderful target for the stateist demagogue who pictures the medical profession as parasitic monopolists, from whose damnable depredations and impositions the heroic federal authorities can protect the innocent public.

What are some of the things that make us such shining targets? Let us analyze ourselves a bit. From ancient times our ethical codes have been lofty ones. We belong to a profession where intimate personal contacts are daily routine and where we must use careful judgment and discretion. If we are doing our tasks well we hold confidences such as no one else other than the religious confidant is privileged to know. This is particularly true of those of our profession who still practice as family physician general practitioners. In our busy professional lives we have been inclined to clothe ourselves with a false cloak of adherence to ethical ideas beyond the dictates of reason.

The medical profession is made up of human beings with the same frailties and weaknesses as well as the strength inherent in all other human groups. Our ethical codes do make it mandatory to be the right kind of professional individuals. The public at least seems to feel that there needs to be some housecleaning in our profession and that we, as a group, should not allow some of our colleagues to carry on activities that discredit physicians. We are inclined to wait for the law to catch up with the known irregulars and borderline practitioners rather than see that they are hailed before the law by their professional brethren as undesirable physicians and citizens. Protection of such individuals is misguided ethics.

Futhermore, there are unethical things that fall entirely within the law but that hurt our profession when they are permitted to go on. As

a single example I might mention the production line tactics that developed in some offices during the strenuous demands of the recent war. There were not enough physicians to cover the overall needs and many of us had to take care of more patients than we could care for effectively. It was a terrifically strenuous time and we were mighty glad to see the war end and former colleagues together with new ones come back and take over some of the load. During that period the shekels came in, the end of the emergency arrived and the need for the production line was over. I know of too many instances where the mass production technic still continues four years after the end of hostilities, where physicians have built a machine that makes it impossible for them to actually see and study their patients carefully. Some of them have built up such a heavy overhead that they feel they must continue mass production to make ends meet financially. This is not good medicine and it should not be acceptable to our profession. We do not need union controls and restrictions but we do need self discipline and common sense in matters of this kind.

We occasionally have a fellow clinician who is so disdainfully aloof towards politics and civil service that he succeeds in creating an impression of supercilious superiority that is maddening to the public. For example, not long ago a relatively insignificant incident occurred within my own staff that illustrates how troublesome such attitudes can become. During a recent campaign for one of the national charitable agencies the campus chairman wrote to each department head in the university requesting that he appoint someone within his department to make collections and forward them. It was a simple direct request for cooperation in a very worthy enterprise. Instead of carrying out this simple request and asking the departmental secretary to contact the various department members the department head sat down and wrote the campaign chairman to the effect that his staff was just too busy to be bothered with such trivia. The professor is one of the finest colleagues I have and an individual who has great responsibility within our group. The request reached him at a time when he was exceedingly busy and he did not stop to think of the implications of his little note. The first I heard of the matter was an irate telephone message from the campus chairman of the campaign with some caustic remarks about the supercilious attitude of the medics and their failure to cooperate in the project. It did not occur to the gentleman that every other department in the school had responded wholeheartedly.

It should not be necessary to sit down and write every department head and tell him that his department was a part of the university and it was his responsibility to cooperate effectively with the rest of the institution in projects of such nature. This possibly offhand seems like a very foolish example. but I feel that it aptly illustrates an important point. It was just one individual who wrote such a note, but in the campus back-lash of gossip it was the high-brow doctors and included us all. It emphasizes the fact that today each one of us represents far more than ourselves in our contacts with our fellow men.

We as a group have been slow to aid the public to understand many of the problems that both they and we are facing. We have not very effectively helped to solve the problem of personnel and facility shortages in the field of health. We have not done too good a job of helping the public divorce the inflated costs of hospitalization from costs of professional medical care. Too many people still lump them together and blame the entire cost factor on the physician.

Public relations are, after all, definitely within our own hands. In spite of ample warnings as long as two decades or more ago we continued to plod along doing our daily tasks while we turned deaf ears to the gradually increasing rumble. Even our leaders, whose business it should have been to keep more fully aware of the situation, heard the rumbling but assumed the attitude that there could be no change, that any change was wrong and that it was even wrong to talk and think about it. Why even analyze or study the situation? It just could not happen in our free enterprise state. But, after all, our leadership is us as far as the public is concerned. Finally we reached a point where we were placed on the defensive although the world has known for a mighty long time that the best defense is a good offense. The offensive until recently has been on the other side.

Everyone of us is a public relations ambassador for all of the rest of our profession. Good am-

bassadors go about their tasks quietly and effectively, loved and even revered by their patients. They live normal unostentatious lives. Poor ambassadors "put on the dog," they and their families frequently put on a front that arouses unreasoning resentment and even fury in the community, particularly among those who have difficulty in meeting their medical bills. The biggest and most expensive car in town sometimes does not help public relations.

Public relations, in my opinion, consist in doing and not in talking. It means service above self in our profession. It means availability. It means consideration for the patient and the patient's family. It means helping people understand some of our problems so that the minor annoyances an inconveniences that patients sometime encounter will not lead to misunderstanding. It means having the office morale that spells confidence and teamwork. It means that the personal touch is still a vital part of good medical practice.

Regan (5) has stated that malpractice as far as medicine is concerned was not a serious menace until recent years. In the twenties there was an increase of claims of this type and during the depression decade malpractice suits were increasingly heavy. By 1945 the local malpractice claims in California were the worst in history. Malpractice suits are miserable experiences for physicians to go through. Reputation and integrity are assailed and placed in jeopardy. Possibly this evil is part of the reflection of the times. It seems to me though that the trend is sufficiently serious to merit thought on our part. The elements of malpractice suits fall into the classification of ignorance, negligence or willful departure from accepted and usual methods of practice on the part of physicians. Actually as Regan has so aptly stated actionable malpractice consists in the physician doing something he should not do or in omitting to do something he should do in the care of his patient, the standard being what the average physician would or would not do in similar circumstances.

Because malpractice suits tend to breed more malpractice suits and do have a direct bearing on public relations I feel that it is important for the average physician to make it his business to know what he should do to safeguard himself and to use every precaution against unjust malpractice accusation. It is also very important that medical students during their undergraduate training experience careful instruction in the field of forensic legal medicine.

The trend towards specialization has been associated with an ever increasing tendency to restrict practices to office hours and to avoid home calls. True enough, the average home call should be the province of the general practitioner. Unfortunately calls are refused occasionally that should have been made and we all know of instances where failure to respond to emergency calls or to aid in obtaining someone else has led to terrific resentment, not just towards the individual, but towards the profession. One widely publicized incident of this type in a community creates resentment that is hard to eradicate. This is unreasonable, but nevertheless true.

Medicine to most people is at least a partially mysterious field although most individuals have a bit of the physician instinct in them. They want to know what is wrong and why certain things are done. They complain about things that they do not understand, particularly if they are given the idea that some way or other they are not quite intelligent enough to understand. They usually are inclined to accept with reasonable grace when reasons are made plain to them.

I have spent a lot of time on this matter of public relations, but I consider it very important. How many of you have carefully analyzed some of the national legislative bills that have been before our Congress or some of the legislation that has gone before your state governing bodies during recent years? How many have seriously endeavored to find out just exactly what the Murray-Wagner-Dingle Bill or the Oscar Ewing plan actually imply? How many of us have really endeavored to assist our lay friends to fully understand that these issues are basically their concern, not just ours?

Recently I attended a Chamber of Commerce luncheon in a Western city and listened to a discussion on the future of medicine and compulsory insurance in this country. One side, the pro-compulsory insurance aspect, was presented by a college professor in a graduate school of social work and the other side was discussed by the public relations counselor of a state medical association. Being a Chamber of Commerce gathering you can well imagine the general tenor of thought and attitude of the audience. The professor of graduate social work was obviously

talking to a thoroughly hostile audience. However, he presented a very carefully worked out paper giving his interpretation of compulsory insurance and his analyzed reasoning in favor of it. Analysis of his argument left him vulnerable on a number of points and offered real targets for an exeellent rebuttal. The public relations counselor for the medical association then assumed the floor. Appearing before the Chamber of Commerce, of which he was a member, he knew he would be talking to an audienee favoring free enterprise and voluntary insuranee as opposed to stateism and compulsion. There were a few attempts at jokes and jibes as to the previous speaker's material. There was no organized thought behind his rebuttal. He did not take a single instance from one of the vulnerable issues and counter or elarify it. His reasons for desiring free enterprise were simply that he had always enjoyed it, it was what his father had enjoyed, it was typieally American and we just didn't want it changed. It was a very sickly rebuttal to a carefully prepared statement and eompletely missed fire. In fact he had given no reason as to why compulsory insurance might not be the Utopian answer. This is not good public relations.

These problems of health, medical care, hospitalization and other phases of public welfare are the business of every thinking American citizen. If we are opposed to some of the trends whieh we believe to be harmful to the welfare of our fellow citizens our presentations must be of the caliber that will not leave us "holding the bag".....but will make our fellow citizens desire to "carry the ball" for their own welfare, not for ours.

Thus, to me, medical practice entails responsibilities far and away beyond the mere diagnosing and care of patients. It involves citizen leadership of the highest possible order. It involves our ardent support of public health programs, health education and the protection of the public from health hazards of all kinds. It means that we must be responsible for developing public relations involving the education of the public as to the problems of medieine. It means that we must support workable health insuranee programs that really give lower income bracket families the protection needed against catastrophic medical and hospital costs. It means that we must find a better means of caring for the indigent population that will not be covered adequately by either a compulsory or voluntary insurance program. It means that there must be an enlistment of all organizations and groups which are connected with health promotion in an effort to intelligently attack problems and seek rational solutions.

Physicians, nurses, dentists and the lay public should place their problems frankly before each other and work together to solve them. The inherent dangers of stateism ean win over the advantages of free enterprise unless we convince the public that we are deeply concerned with more than seeing patients and collecting fees and that we are determined to do everything possible to aid in making adequate medical serviee available to everyone.

I fear that I have rambled a good deal in this presentation, but it has been intentionally so. I wanted to discuss with you some of the impressions I have gained as I look over our present day problems and have tried to evaluate some of the factors underlying them. I am eertain that there have been faults in our edueational pattern, partieularly at a time when social changes were occurring that we should have faced more realistieally. These defeets are being changed today. We need more thought given to the type of utilitarian education that Benjamin Rush wrote of in regard to exhalting the human understanding and the establishment of domestic, soeial and politieal happiness. We must have a better integration of socio-economic aspeets of life throughout undergraduate medieal education and on into the continuous educational experience of medical professional life.

In practice we should avoid the aloofness that so many of our profession have assumed in regard to politics and eommunity problems and take part in the practical aspects of living in a society of which we are a vital cog. The time is late, but the outlook for medicine still lies largely in our hands and in this thing that we eall public relations, the significance of which eannot be ignored any longer. Advise that Society take heed to the words of its president Dr. Perry Hopkins—so adequately expressed earlier this morning.

As Allen (6) has so aptly summarized the situation, "Tomorrow's world has the power and resources to meet man's every need. Whether man has the wisdom, humility and social conscious-

ness to use his new-found powers for the constructive purposes of all mankind is the most important question of our times. The free men of democracy have proved that democracy has the inherent strength to be victorious in a world at war: they have yet to prove that they can win a durable peace. Never before has the spiritual and moral life of man faced a test of this portent for good or evil."

And furthermore, continuing to quote Allen, "Medicine, with its age old concern for the sick — the poor as well as the rich, the weak as well as the strong, has been an influence for good surpassed only by the moral precepts of religion. The services of medicine, like those of religion, have been largely personal. While there will always be a need for personal services, medicine of the future, if it is to progress as a social as well as a biological science, must broaden its outlook and adjust its educational program accordingly. Medicine is coming of age as a social science in the service of society."

Finally, I would like to refer again to the last sentence quoted from Doctor Elliot Smith at the beginning of this address to the effect that we must do all of this in spite of the engrossing demands of our professional work.

BIBLIOGRAPHY

1) Smith, E. D.: Introduction to Education for Professional Responsibility, Carnegie Press, pp. 3-4, 1948.
2) Butterfield, L. H.: Benjamin Rush and the Beginning of John and Mary's College Over Susquehanna. Jour. Hist. Med. and Allied Sciences, Vol. III no. 3, pp. 427-443, 1948.
3) Weiskotten, Herman: Remarks — at Meeting of Council on Medical Education and Hospitals.
4) Moore, R. T.: The Medical Profession as Seen by an Oregon Legislator. Northwest Medicine, Vol. 48, no. 3, pp. 174-178, March 1949.
5) Regen, L. J.: Medical Malpractice (Lecture No. 4 in the Indoctrination Course of the Los Angeles County Medical Association for Applicants to Membership in L. A. C. M. A.)
6) Allen, R. B.: Medical Education and the Changing Order, Commonwealth Fund, N. Y., 1946.

Sir William Osler

Frederick Stenn, M.D.
Chicago

The year 1949 is the centennial of the birth of Sir William Osler. His immortal achievements have placed him in the medical heavens, a luminary of the first magnitude, with Hippocrates, Harvey, Sydenham, Hunter and Pasteur. The basic principles of pathology sown by Morgagni and Rokitansky and Virchow blossomed through his widely studied "Principles and Practice of Medicine" as well as through his many hundreds of articles in the literature. His continuous and vociferous teaching of the anatomic and pathologic basis of disease is as historically significant as the dictum of Hippocrates that theology must be divorced forever from medicine or the exaction of Paracelsus that medicine cannot progress strangulated by adamant respect to authority. The more intimate the physician becomes with the morgue the more rational and scientific his therapy. No man more fervently observed this truth than Osler.

From the University of Illinois College of Medicine.

Blood platelets, small pox, typhoid fever, leukemia, pernicious anemia, tuberculosis, aneurysm, endocarditis, pneumonia, chorea, asphasia and cirrhosis are a few of the fields adorned by his catholic contributions to internal medicine.

As an inspiring teacher he hardly had a peer. The method of teaching at the bedside introduced by Sylvius in Leyden during the 17th century and practiced by Boerhaave in the 18th was the method that magnetized Osler's students at McGill, Blockley in Philadelphia, Johns Hopkins Hospital and the Radcliff Infirmary in Oxford, and now an integral part in the curriculum of every medical school. A friend of youth, he fired his students with a contagious enthusiasm which has tinted the whole of modern medicine. His students were his companions, and no request was too much to ask of him. His home, whether at 1 W. Franklin Street, Baltimore or 13 Norham Gardens, Oxford, thanks to Lady Osler, was ever hospitable to its thousands of doctors who

sought encouragement, suggestion and inspiration from the "chief". Most often hidden from view, occasionally before the public eye, Osler's influence was felt in the great movements of the beginning of the nineteenth century. Amongst these were forging the American Medical Association on a strong national basis, begetting the National Tuberculosis Association, impelling the growth of pathologic museums and libraries in England, Canada and the U. S. A., and in promoting high standards of medical education, public health and sanitation.

Great though be Osler's contributions to scientific medicine, greater still is his devotion to the noblest qualities of the art of medicine. In this respect he is Hippocrates reborn. He imbues medical students with the highest standards of learning and study, and edifies the practitioner with cheer, sympathy and sagely advice.

A few of the cherished aporisms are undying nuggets of medical literature:

"Many good men are ruined by successful practices.

"In the records of no other profession is there to be found so large a number of men who have combined intellectual pre-eminence with nobility of character.

"It will be acknowledged that in this country doctors are, as a rule, bad citizens, taking little or no interest in civic, state or national politics.

"It is the sign of a dry age when the great men of the past are held in light esteem.

"By the historical method alone can many problems in medicine be approached profitably.

"In the continual remembrance of a glorious past individuals and nations find their noblest inspiration.

"Miserable chauvinism can corrupt the great and gracious ways which should characterize a liberal profession.

"Medicine is the profession of a cultivated gentleman.

The ideal teacher combines "the stern sense of duty with the mental freshness of youth.

"Our duty is to better our times.

"Our mission is of the highest and noblest kind, not alone in curing disease but in educating the public in the laws of health and in preventing the spread of plagues and pestilences.

Progress in science and industry "has been made possible by men who did pioneer work in chemistry, in physics, in biology and in physiology without a thought in their researches of any practical application.

"What I inveigh against is a cursed spirit of intolerance, conceived in distrust and bred in ignorance that makes the mental attitude perennially antagonistic, even bitterly antagonistic, to everything foreign that subordinates everywhere the race to the nation, forgetting the higher claims of human brotherhood.

"Our students study too much under one set of teachers" and "do not move about enough.

"We are free at all times from a self-satisfied feeling of superiority." There is "no nationalism in medicine."

The physician "Belongs to a guild which owes no local allegiance, which has neither king nor country, but whose work is in the world.

"Shun as most pernicious that frame of mind, too often, I fear, seen in physicians, which assumes an air of superiority and limits as worthy of your communion only those with satisfactory collegiate or sartorial credentials.

"The passports to your fellowship should be honesty of purpose and a devotion to the highest interest of your profession.

"No matter how trifling the matter at hand, do it with a feeling that it demands the best that is in you, and when done look at it with a critical eye, not sparing a strict judgment of yourself.

" a scientific discipline is an incalculable gift, which leavens his whole life, giving exactness to habits of thought and tempering the mind with that judicious faculty of distrust which can alone, amid the uncertainties of practice make him wise unto salvation.

". . . . draw from your errors the very lessons which may enable you to avoid their repetition.

"The grace of humility is a precious gift.

"Only by keeping the mind plastic and receptive does the student escape perdition.

"The wrangling and unseemly disputes which have too often disgraced our profession arise in a great majority of cases on the one hand from this morbid sensitiveness to the confession of error, and on the other from a lack of brotherly consideration and a convenient forgetfulness of our own failings.

". . . . the doctor has a curious, shall I say morbid? sensitiveness to personal error

often accompanied by a cocksureness of opinion which if encouraged lead him to so lively a conceit that the mere suggestion of a mistake under any circumstances is regarded as a reflection on his honor, a reflection equally resented whether of lay or professional origin.

"The higher the standard of education in a profession the less marked will be the charlatanism.

"Acquire early the art of detachment by which I mean the faculty of isolating yourselves from the pursuits and pleasures incident to youth.

". . . . your lives of devotion may prove to many a stimulating example.

"You cannot afford to stand aloof from your professional colleagues in any place. Join their associations, mingle in their meetings, giving of the best of your talents, gathering here, scattering there; but everywhere showing that you are at all times faithful students, as willing to teach as to be taught.

"The great republic of medicine knows and has known no national boundaries, and postgraduate study in other lands gives that broad mental outlook and freedom from the trammels of local prejudice which have ever characterized the true physician.

". . . . a calm acquanimity is the desirable attitude.

"Imperturbability means coolness and presence of mind under all circumstances, calmness amid storm, clearness of judgment in moments of great peril, immobility, impassiveness, or to use an old and expressive word, 'phlegm'. It is the quality most appreciated by the laity, though often misunderstood by them, and the physician who has the misfortune to be without it, who betrays indecision and worry, and who shows that he is flustered and flurried in ordinary emergencies, loses rapidly the confidence of his patients.

"Stand up bravely even against the worst.

"An inscrutable face may prove a fortune.

". . . . you belong to the great army of quiet workers, physicians and priests, sisters and nurses all the world over, the members of which strive not, neither do they cry, nor are their voices heard in the streets, but to them is given the ministry of consolation in sorrow, need and sickness.

". . . . to you is given the harder task of illustrating with your lives the Hippocratic standards of learning, of sagacity, of humanity, of probity.

"Of learning, that you may apply in your practice the best that is known in our art, and that with the increase in your knowledge there may be increase in that priceless endowment of sagacity, so that to all everywhere skilled succour may come in the hour of need.

"Of a humanity, that will show in your daily life tenderness and consideration to the weak, infinite pity to the suffering, and broad charity to all.

"Of a probity hat will make you under all circumstances true to yourselves, true to your high calling, and true to your fellowman.

"Learn to accept in silence the minor aggravations, cultivate the gift of taciturnity.

". . . . We are here not to get all we can out of life for ourselves, but to try to make the lives of others happier.

"The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will exercise equally with your head.

". . . . if your heart's desire is for riches, they may be yours; but you will have bartered away the birthright of a noble heritage, traduced the physician's well earned title of the 'Friend of Man', and falsified the best traditions of an ancient and honorable guild.

"No other profession can boast of the same unbroken continuity of methods and ideals. We may indeed be justly proud of our apostolic succession. Schools and systems have flourished and gone, schools which for generations have swayed the thought of our guild; the philosophies of one age have become the absurdities of the next, and the foolishness of yesterday has become the wisdom of tomorrow; through long ages which were slowly learning what we are hurrying to forget, amid all the changes and chances of twenty-five centuries, the profession has never lacked men who have lived up to these Greek ideals. They were those of Galen and Aretaeus, of men of the Alexandrian and Byzantine schools, of the best of the Arabians, of the men of the Renaissance, and they are ours today.

"Even with disaster ahead and ruin imminent, it is better to face them with a smile, and with the head erect, than to crouch at their approach.

"Hilarity and good humour, a breezy cheerfulness — help enormously both in the study and the practice of medicine. To many of a sombre and sour disposition it is hard to maintain good spirts amid the trials and tribulations of the day, and yet it is an unpardonable mistake to go about among patients with a long face.

"The hardest conviction to get into the mind of a beginner is that the education upon which he is engaged is not a college course, not a medical course, but a life course, ending only with death . . ."

"The cultivated general practitioner. May this be the destiny of a large majority of you! Have no higher ambition! You cannot reach any better position in a community; the family doctor is the man behind the gun, who does our effective work. That his life is hard and exacting; that he is underpaid and overworked; that he has but little time for study and less for recreation — these are the blows that may give finer temper to his steel, and bring out the nobler elements in his character.

Born the youngest son of a minister's family of nine, July 12, 1849, at Bond Head, near Toronto, Canada, Osler was weaned at Trinity College. Sharpened by studies in geology and biology, he became engrafted with the high principles of his teachers, William A. Johnson, priest of the parish of Weston, Ontario, and Dr. James Bovell of the Toronto School of Medicine. With burning fervor he enjoyed his medical studies at McGill, inspired by its dean Robert Palmer Howard. After an extensive experience in the necropsy room at Montreal General Hospital he departed for London where he discovered the blood platelets, then learned the best that Aesculapius had to teach in Edinburgh, Paris, Berlin, Vienna and Rome, and planted the seeds of a new medicine in America, based on research and bedside teaching. With the illustrious leaders, Pepper, Samuel Gross and Weir Mitchell, Osler served the University of Pennsylvania and with the distinguished Welsh, Halsted and Kelly established the Johns Hopkins Hospital and Medical School as an ideal for future medical institutions.

Though his death at Oxford in 1919 brought a sudden close to his many literary and scientifc attainments, his name burns more brightly today, the very prince of nobility, honor, charity, kindliness, understanding and learning. Of high ideals, medicine has had no greater standard-bearer, a chosen son of Apollo.

BIBLIOGRAPHY

Counsels and Ideals from the Writings of William Osler Boston and New York — 1921
Science and Immortality — 1904, London
Appreciations and Reminiscences
Memorial Number to Sir William Osler
Bulletin No. IX of the International Association of Medical Museums, edited by Maude E. Abbott, Montreal, Canada, 1926
Bibliotheca Osleriana, a Catalogue of Books Illustrating the History of Medicine, Oxford, 1929
Osler, William — William Beaumont, A Pioneer American Physiologist, J. A. M. A. November 15, 1902
Man's Redemption of Man. Paul Hoeber & Company, 1910, New York and London.
An Alabama Student and Other Biographical Essays, Oxford University Press, 1906
The Growth of Truth. Oxford Press. 1906
The Old Humanities and the New Science, Boston and New York, 1920
A Way of Life, 1913, Paul Hoeber, N. Y.
Practice of Medicine, Appleton & Company, New York, 1892
Aequanimitos. Philadelphia, 1932
Thomas Linacre, Cambridge, 1908
Harvey Cushing. The Life of Sir William Osler, Oxford University Press, 1940.

DRUGS CUT DEATH RATE OF RARE MUSCLE DISEASE

Modern methods of treatment have reduced the mortality rate of myasthenia gravis to about 10 per cent, according to two doctors from the University of Texas School of Medicine, Galveston.

In this rare disease, the cause of which baffles doctors, the victim's muscles progressively become weaker. The muscles most frequently affected are those concerned with movements near the eyes, with resulting squinting and "seeing double." Generalized muscular weakness also occurs.

Untreated, the disease runs a fatal course in 50 to 75 per cent of cases in a few years, Dr. Charles T. Stone and J. Alfred Rider write in the Sept. 10 Journal of the American Medical Association.

Drugs, principally neostigmine and tetraethylpyrophosphate, give complete relief in some cases and have greatly reduced the mortality rate of the disease, which is now probably about 10 per cent, they say.

The Treatment of Brucellosis

C. Wesley Eisele, M.D.[1], and
Norman B. McCullough, Ph.D., M.D.[1,2]
Chicago

The treatment of brucellosis is in a state of confusion which is almost as great as that surrounding its diagnosis. Scores of treatments have been advocated with more or less enthusiasm only to be discarded later. A list of the multitude of remedies that have been recommended for this disease would be both appalling and enlightening.

The difficulty of judging therapeutic efficacy in brucellosis is readily understood when one considers the erratic and unpredictable course of this infection which may last for a few days to many years. Further, the diagnosis is fraught with many pitfalls,[1] and unproven cases are often used to support advocated treatments. Not only are there no completely reliable laboratory tests,[2,3,4] other than recovery of the causative organism which may be most difficult, but also the symptoms and the findings on physical examination are not specific and cannot alone be relied upon for diagnosis. Certainly, for evaluation of experimental therapy the diagnosis must be critical, and recovery of the organism is essential for proof that the patient has the disease.

Vaccines of many sorts have enjoyed an unusual popularity without significant evidence that they are beneficial in ridding the body of infection. The many varieties of vaccine and the numerous methods of administration which have been recommended speak for their general lack of effectiveness in terminating the disease. One is variously advised to inject the vaccine intracutaneously, subcutaneously, superficially or deeply, intramuscularly, intravenously, in doses large enough to produce a sharp reaction, or in doses small enough to avoid all reaction. It has even been recommended that vaccines be started in such fantastically small doses as the antigen from 0.0000004 of one bacterium![5] It is difficult to understand how the injection of any vaccine or bacterial product in any conceivable manner can stimulate a patient's immunity or resistance to an infection better than the living organisms which are already present. Conceivably, the patient may sometimes be made more comfortable through a change in sensitivity to the products of infection, but one may justly question whether vaccines assist in eliminating the invading bacteria from the body, which should be the prime object of treatment.

The literature contains scores of papers purporting to show the efficacy of vaccines and bacterial products in brucellosis, but few if any of these definitely establish this point or withstand critical evaluation. Tenuous diagnoses unsupported by adequate laboratory evidence and lack of proper untreated control series render the greater part of this literature unintelligible. Recently, a paper appeared in the Journal of the American Medical Association[6] claiming excellent results with vaccine treatment in 300 cases of chronic brucellosis. The author concluded that the vaccine produced improvement, remissions or recoveries in 85 to 90 per cent of all cases, although in the majority, injections were required every 2 to 5 days for more than a year. The diagnostic criteria for this series of patients were not given, instead the reader was referred to an earlier publication which discussed the criteria in 100 cases of chronic brucellosis.[7] In this series the causative organism was recovered from only one patient! The agglutination test was positive in only ten cases, in two of which it was doubtful because of hemolysis, and in only four cases was there a titer of 1/80 or higher. Apparently the one criterion upon which this author insisted was a positive skin test. He tested the patient repeatedly with increasing strengths of antigen up to undiluted vaccine, until the skin reacted at least with some

[1]From the Department of Medicine, School of Medicine, University of Chicago.
[2]S. A. Surgeon, United States Public Health Service.
[3]Aided in part by a grant from Swift and Company. Presented at the Annual Meeting of the Illinois State Medical Society, Chicago, May 12, 1948.

erythema. No one would consider treating a patient for tuberculosis if the diagnosis rested solely upon non-specific symptoms and a positive tuberculin test. Yet this sort of situation seems to be common practice in brucellosis, although the two skin tests should be interpreted analogously. It is evidence of this nature which has been presented in numerous papers enthusiastically supporting the use of vaccines in the treatment of brucellosis, and throughout the country it seems to be common practice to administer brucella vaccines to patients with diagnoses based upon similarly unconvincing evidence.

Brucellin has long been one of the most popular forms of the vaccine type of treatment. This product is a culture filtrate originated by Huddleson about 15 years ago.[8] Huddleson has collected data on literally thousands of patients who have been treated with this material. His present opinion is that "Brucellin, like all the other brucella allergic agents. does not appear to be of much value as a therapeutic agent in the chronic form of the disease."[9]

It should be remembered that even a single dose of any vaccine is apt to seriously disrupt the common diagnostic tests. The use of vaccines in cases with questionable diagnoses is therefore especially to be deprecated. Scarcely a week passes but that we are called upon to evaluate patients with chronic symptoms who have received brucella vaccine on the basis of inadequate or questionable evidence for the disease. Usually we are then unable to either substantiate or dispute the diagnosis even with complete laboratory facilities available.

In the early days of the sulfonamides, enthusiasm ran high for their curative effects in brucellosis. A similar enthusiasm was experienced when streptomycin appeared. It is now known that although both of these drugs inhibit or kill brucella in the test tube, neither one of them alone is of much value in the clinical disease. Even in the experimental disease in animals, the drugs are beneficial only if given during the incubation period. When symptoms have appeared before the drug is administered, the animal fares little if any better than the untreated control animals.

In April, 1947, we reported a case of brucellosis[10] which was unusual in that there was a persistent, constant septicemia, a persistent high fever and grave symptoms present for a period of many months — a type of case which is ideal for the evaluation of therapeutic agents, but one which is rarely encountered. Following a gradual onset, a continuous fever and serious symptoms developed and persisted for 9 months before admission to the hospital. In the hospital there was daily fever from 102° to 104°F and a constant septicemia with 30 consecutive positive blood cultures in 68 days.

Three one-week courses of streptomycin were given with doses of 4, 6, and 6 to 8 grams daily. No effect was noted on the fever, the clinical course or the septicemia, positive cultures being obtained during and immediately after each course. The organism retained its initial sensitivity to the drug, and the blood level was 2 to 5 times the *in vitro* lethal concentration at all times tested.

Sulfadiazine was then given in daily doses of 4 to 10 gms for 18 days without beneficial effect on the fever, symptoms or septicemia, 4 blood cultures being positive during this period. After 18 days, the sulfadiazine was continued and streptomycin was added. On the first day of the combined treatment, the blood culture became negative for the first time in 68 days. The temperature curve became normal and prompt marked clinical improvement bacame apparent. After a short convalescence, recovery was complete and he has remained well for 2 years. There have been no relapses and he is working hard every day at heavy manual labor.

Others have used this combined sulfadiazine-streptomycin treatment. There are now 17 case reports in the literature.[11,12] These cases with additional ones treated by ourselves and those reported to us in personal communications now total 38. This combined treatment appears to be specific in the acute phase of the disease. Apparent cures have been obtained in 2 cases of brucella endocarditis, a form of the disease which heretofore has been uniformly fatal. Observations on the chronic phase of the disease have been limited, but here, too, the combined treatment appears to have some merit.

Because of the inherent toxicity of streptomycin with potential danger of permanent damage to the nervous system it is strongly recommended that this treatment be reserved for the seriously ill and seriously incapacitated patient who is unlikely to recover without it. The characteristic toxic manifestations on the vestibular branch

of the 8th cranial nerve have been observed in several of our patients to the point of seriously interfering with walking. It appears that these changes are due to necrosis of the nuclei and may often be permanent[13,14] although considerable compensation may occur in some individuals. We have observed other manifestations of central nervous system damage including involvement of the 3rd, 4th, 5th, 6th, and 7th cranial nerves. The incidence and severity of toxic manifestations appear to be greater in these patients than that experienced with comparable doses of streptomycin in other diseases. One must consider the possibility that the addition of sulfadiazine may enhance the toxic effect as well as the therapeutic effect of streptomycin. The nature of the disease may also have some possible role in increasing toxicity of the drugs.

At the present time, we are using smaller doses of streptomycin. We recommend that usually not more than 2 grams daily should be used for 14 days. We try to maintain sulfa blood levels of 10 mg per cent, and usually 6 mgs daily is an adequate dose. The sulfadiazine may advantageously be continued for an additional 2 or 3 weeks after discontinuance of streptomycin.

Recently, Huddleson has proposed a new treatment for brucellosis consisting of small doses of sulfadiazine (2 or 3 gms daily, with blood levels of 3 to 5 mg per cent) combined with transfusions of whole blood or preferably of pooled fresh plasma. This treatment is based upon *in vitro* and *in vivo* experimental evidence supporting the concept of synergistic action of the sulfonamides, complement, and natural or acquired antibody. Clinical data on 40 cases[9] give evidence that this treatment has merit. We suggest the use of this treatment in patients not ill enough to warrant the risk of the combined sulfadiazine-streptomycin treatment.

ADDENDUM

Since the preparation of this paper, the use of several new drugs in brucellosis has been reported.

It is recommended that dihydrostreptomycin be substituted for streptomycin in the combined therapy. Serious toxicity with streptomycin-sulfadiazine has been reported (McCullough, N. B. and Eisele, C. W.: J.A.M.A. 139:80-82 (Jan. 8, 1949.) This has been obviated at least in part by the newer dihydrostreptomycin. Reports of the efficacy of the combined treatment continue to appear. (Harris, H. J. and Jett, P. C.: J.A.M.A. 137:363-364 (May 22) 1948; Scowen, E.F. and Carrod, L. P.: Brit. M. J. 2:1099 (Dec. 25) 1948; Spink, W. W. et al. J.A.M.A. 139:352 (Feb. 5) 1949; Herrell, W. E. and Nichols, D. R.: Med. Cl. N. Am. 33:1079 (July) 1949).

Chloromycetin and aureomycin have been described with some enthusiasm as effective agents in brucellosis. Both should be considered to be still in the experimental stage. Their *in vitro* effect on brucella is inferior to that of combined sulfadiazine and streptomycin, facts which should temper one's expectations.

The use of aureomycin in brucellosis has been reported by several workers. (Spink, W. W. et al: J.A.M.A. 138:1145-1148 (Dec. 18) 1948; Bryer, M. S. et al: Bul. Johns Hopkins Hosp. 84:444 (May) 1949; Knight, V. et al: Am. J. Med. 6:407-416 (April) 1949). From these published reports and other personal communications it appears that the relapse rate is high.

Chloromycetin has been used by Woodward, T. E. (Personal communication) in the treatment of 9 patients with brucellosis and by Knight et al (Personal communication) in 13 patients. Prompt remissions occurred in most patients, but in Knight's series 2 failed to have complete remissions and 6 relapsed (failure of therapy in 62%). The periods of treatment were relatively brief (6 to 10 days).

Our own experience with aureomycin and chloromycetin, although quite limited, has not been impressive. Relapses or failures have been observed with both drugs, even with large doses. One patient given chloromycetin for 14 days (total amount of 21 gm.) continued to have positive blood cultures daily throughout the treatment period, although levels of the drug in the blood were as high as 10 to 20 times that which inhibited the patient's organism in the test tube.

The effects of aureomycin and chloromycetin in brucellosis appear to be approximately equal. The maximal effective doses have not yet been established. Because of the reported high relapse rates on short courses (6 to 14 days) treatment will probably need to be prolonged if it is to be effective. But there is no evidence at present to indicate that larger doses or longer courses will prove effective.

About half of the patients treated with these two drugs experienced diarrhea or nausea and vomiting which, at times, was quite severe. Some experienced an exacerbation of fever and symptoms and some developed a shock-like picture shortly after the onset of treatment.

Herrell, W. E. and Barber, T. E. (Proc. Staff Meetings of the Mayo Clinic. 24:138-145 (Mar. 16) 1949) treated 4 patients with apparent immediate success using aureomycin (3 gm. daily) and dihydrostreptomycin (2 gm daily.) for 14 days.

After promising results of *in vitro* studies in our laboratory with the combination of sulfadiazine, dihydrostreptomycin and aureomycin, we have successfully used these three drugs simultaneously in the treatment of one patient. This patient had previously received in succession treatment with Huddleson sulfa-transfusion, chloromycetin, aureomycin, and combined sulfadiazine-streptomycin and had relapsed following each.

BIBLIOGRAPHY

1. Eisele, C. W.: Some Problems in the Diagnosis of Chronic Brucellosis, Med. Clin. North Amer., **31**: 182 (January) 1947.
2. Eisele, C. W., McCullough, N. B. and Beal, G. A.: Discrepancies in the Agglutination Test for Brucellosis as Performed with Various Antigens and as Reported from Different Laboratories, J. Lab. & Clin. Med., **32**: 847, (July) 1947.
3. Eisele, C. W., McCullough, N. B., Beal, G. A. and Rottschaefer, W.: Brucella Agglutination Tests and Vaccination against Cholera, JAMA, **135**: 983 (Dec. 13) 1947.
4. Eisele, C. W., McCullough, N. B. and Beal, G. A.: Brucella Antibodies Following Cholera Vaccination, Ann. Int. Med., **28**: 833, (April) 1948.
5. Griggs, J. F.: Specific Vaccine Therapy of Chronic Brucellosis, J. Ind. St. Med. Assoc., **37**: 241 (May) 1944.
6. Griggs, J. F.: Chronic Brucellosis, JAMA, **136**: 911 (April 3) 1948.
7. Griggs, J. F.: Chronic Brucellosis: Diagnostic Points Noted in One Hundred Cases, Calif. & West. Med., **58**: 118 (Mar.) 1943.
8. Huddleson, I. F.: Brucellosis in Man and Animals, The Commonwealth Fund, New York, 1943.
9. Huddleson, I. F.: Personal Communication.
10. The Amer. College of Physicians, Annual Meeting, Chicago, April 30, 1947. Eisele, C. W. and McCullough, N. B.: Combined Streptomycin and Sulfadiazine Treatment in Brucellosis, JAMA, **135**: 1053 (Dec. 20) 1947.
11. Pulaski, E. J. and Amspacher, W. H.: Streptomycin Therapy in Brucellosis, Bull. Army Med. Dept., **7**: 221, 1947.
 Pulaski, E. J. and Amspacher, W. H.: Streptomycin Therapy for Certain Infections of Intestinal Origin, New Eng. J. Med., **237**: 419 (Sept. 18) 1947.
 Pulaski, E. J. and Seeley, S. F.: Further Experiences with Streptomycin Therapy in United States Army Hospitals, J. Lab. & Clin. Med. **33**: 1 (Jan.) 1948.
12. Spink, W. W., Hall, W. H., Shaffer, J. M. and Braude, A. I.: Human Brucellosis, JAMA, **136**: 382 (Feb. 7) 1948.
13. Stevenson, L. D., Ellsworth, C. A. and Correll, J. W.: Degeneration and Necrosis in Eighth Cranial Nuclei Caused by Streptomycin, Proc. Soc. Exp. Biol. & Med. **65**: 86, 1947.
14. Fowler, E. P. and Seligman, E.: Otic Complications of Streptomycin Therapy, **133**: 87 (Jan. 11) 1947.

USE RADIOACTIVE COMPOUND TO CONTROL RARE BLOOD DISEASE

Control of the rare and previously fatal blood disease, polycythemia vera, a condition in which the body manufactures red blood cells too rapidly, is reported by Dr. John H. Lawrence of the Univesity of Califonia, Berkeley, in the Sept. 3 Journal of the American Medical Association.

In the treatment developed by Dr. Lawrence and his colleagues, a compound (sodium radiophosphate) containing radioactive phosphorus is administered. This chemical collects "to a pronounced degree" in bone, bone marrow, and some rapidly growing tissue and apparently inhibits red cell production, according to the article.

Persons treated for polycythemia vera with the radioactive compound now have as favorable an outlook as do those treated for sugar diabetes with insulin or those treated for pernicious anemia with liver, Dr. Lawrence says. He bases his conclusion on a 10-year study of the treatment of 172 patients.

Average age at the onset of the blood disease in the series of patients was 50.7 years, and the average age of those patients who died was 67 years. This is nearly a normal life expectancy for persons in this age group, Dr. Lawrence points out.

Demonstration of Organic Disease in "Functional Illness" By Skull X-rays

Jack J. Coheen, M.D.
Elgin

In the yearly admissions to the Elgin State Hospital, over one third are consistently found to be organic disorders. The largest groupings in the order of frequency and psychosis with cerebral arteriosclerosis, syphilitic meningo-encephalitis, senile psychoses, and alcoholic psychosis. In the majority of these cases the diagnoses are usually arrived at from the anamnesis, the physical and psychiatric examinations, and the clinical laboratory findings, and, as a rule, the same applies for such conditions as convulsive disorders and epidemic encephalitis.

A variety of organic conditions, however, demand the services of roentgenology for establishing or confirming diagnoses, including, for example, brain tumors, skull injuries, osteomyelitis, etc., in which the value and use of skull x-rays are clearly and widely established and comprise the bulk of skull x-ray work in a large mental hospital. There is, however, a certain group of cases in which the skull x-ray has been instrumental in introducing certain difficult problems in our work. Four such cases are presented here.

CASE 1: C.R. A 54 year old, married, white female was admitted because of hallucinations and delusions, noisiness and combativeness. She had previously written a number of movie scenarios and began to have ideas that someone was stealing her stories, that people were following her, and complained of voices that were forcing her to join secret organizations. Her mental illness was considered characteristic of paranoid schizophrenia and at the diagnostic staff Meeting in June, 1941, was diagnosed as dementia praecox, paranoid type. Her condition remained unchanged in spite of electric shock treatment and a course of insulin shock therapy, and she continued to hallucinate and have periods of excitement. One afternoon in 1945, she suddenly had vomiting spells and severe convulsions. An electroencephalogram taken at that time showed some slow wave activity but neurological examination showed no objective findings other than slight adiodochokinesis. In the x-ray taken at that time there were large areas of decalcification, well demarcated in the occipital and parietal bones and perhaps to a lesser extent in the frontal bone. (Figure 1): Re-examination after two years reveals an extension of the process, particularly over the parietal area. In the P. A. view, the process is seen to involve both sides of the skull, predominately the right. (Figure 2): Two diagnostic possibilities are considered — 1. Xanthomathosis or Hand-Schiller-Christian disease, and 2. Osteoporosis circumscripta cranii.

Although most commonly seen in children, xanthomathosis or Hand-Schiller-Christian disease is known to occur in adults. This disease is considered to be a disorder of fat metabolism in which masses of reticulo-endothelial cells become loaded with fat in the tissues surrounding the blood vessels. As a result of the growth of these reticulo-endothelial cells in the marrow spaces, the bone trabeculae and cortex become atrophied and degenerated. These areas of bone erosion are usually distinct and clear cut, as seen here.

In summarizing the few studies reported of the nervous system in cases of Hand-Schiller-Christian disease, Wilson and Bruce state that the lesions consisted of patchy demyelination throughout the white substance of the brain mostly in the parietal and temporal regions, but also in the optic radiation, corpus callosum, internal capsule, basal ganglia, the substantia nigra, cerebellum, and its peduncles, and in the pyramid. The demyelinate placques were filled with compound granular corpuscles and giant glia cells. The disease is usually considered to be a



Figure 1. (C.R.) Lateral view showing large areas of decalcification, well demarcated in the occipital and parietal bones.



Figure 2. (C.R.) P.A. view. Decalcified areas involve both sides of the skull.

symptom-complex of skeletal change, exopthalmos and diabetes insipidus, in which one or more features may be manifest, although bony defects in the skull are found in practically every case. Osteoporosis circumscripta, on the other hand, is considered by some to be a rare type of bone disease and by others as representing the osteolytic stage of Paget's disease, in which case the pathological change would consist of a transformation of the blood forming elements of the bone marrow into vascular connective tissue with resorption of bone. As yet, however, no evidence of bone regeneration has been detected and x-ray studies of the extremities show no evidence of bone pathology, the lesion being limited to the skull.

The serum phosphatase at the present time is 3.2 units. Spinal fluid examination shows normal findings, blood pressure 154/80; B. M. R. minus 19 and minus 17; total serum protein 8.4; serum albumen 5.3; serum globin 3.1; A. G. ratio 1.7; blood cholesterol 198.6 milligrams; blood calcium 12.1 milligrams; and phosphorus 2.5 milligrams. The electroencephalogram now reveals slow wave activity, some petit mal variant and is suspicious for abortive grand mal.

Although there are several reports of psychosis and other mental changes developing in case of Paget's disease, we have been unable to find reports of mental change occurring in cases of osteoporosis circumscripta cranii. The fact that the osteoporotic process has been of relatively long duration without manifestation as yet of new bone formation along with the presence of a normal serum phosphatase level leads us to favor a diagnosis of xanthomatosis in this case. The skull x-ray picture, while not in itself conclusive, adds something to the original diagnosis which might help us explain the progressive nature of the disease process. The patient has been going down hill, has become untidy, breaks chairs, expectorates on other patients.

CASE 2: M. L. (Figure 3): This is the skull x-ray of a 72 year old, single female who, as a young woman was considered outgoing, friendly, religious, and had made a fairly good life adjustment as a milliner. In 1930, following the death of her parents and the loss of her life savings in a bank failure, she became increasingly depressed and despondent, and threatened to commit suicide and was finally hospitalized in 1936 at which time a diagnosis was made of agitated depression. Instead of improving, she became domineering and dictatorial, and after a period of time she was placed in an institution. She began to throw things out of the windows, marked up the walls, locked a sister in her room, and finally attempted to choke one of her fellow roomers.

She was admitted to the Elgin State Hospital in October, 1940, found to be obese, weighing 210 pounds, blood pressure 150/90; otherwise physical and clinical laboratory findings were negative. Psychological testing showed the patient to be functioning with slightly less than average mental efficiency. There appeared to be some emotional flattening and in the staff meeting in April, 1941 several diagnostic possibilities were considered including dementia praecox, involutional psychosis, cerebral arteriosclerosis, and a compromise was made of undiagnosed psychosis.

She remained institutionalized and was placed on occupational therapy but episodes of agitation and restlessness persisted. In 1943 she developed a sudden, short, unexplained episode of vomiting and symptoms of mild shock and a temperature of 103°. In November, 1946 she began to complain of dizziness, generalized weakness and soon become unable to walk. The skull x-ray reveals a tremendous hyperostosis which has undoubtedly developed over a considerable period of time with formation of irregular stalactites of sclerotic and spongious bone involving the inner table, particularly in the anterior cranial fossa, projecting irregularly and diffusely into the cranium. (Figure 4): An A. P. view showed the process to be symmetrical, equally involving both sides. Diagnosis: hyperostosis frontalis interna, chronic, severe. At the present time the patient is bed ridden, irritable, and sometimes unco-operative, but is coherent, in fairly good contact, and fairly well oriented. Skull circumference measures 23½ inches, pupils react somewhat sluggishly to light, fundi show some vascular changes compatible with her age, blood pressure 125/80, harsh systolic murmur over the apex, impaired hearing in the left ear with chronic thickening of the drum; moderate arthritic deformities of the fingers with ulnar deviation and generalized weakness of muscle power,



Figure 3. (M.L.) Severe hyperostosis frontalis. Stalactites of sclerotic and spongious bone project from inner table into cranium.



Figure 4. (A.K.) Paget's disease. Bony thickening with enlargement of sella turcica.

but no other neurological signs. Serum phosphorus 3.5 mgm., serum phospatase 2.0 units.

In this case, after 17 years of illness, considerable more certainty can be established now in relating, or at least associating the progressive mental disorder with the findings that have been revealed by skull x-ray.

CASE 3: A. K. A 62 year old, white female was diagnosed as psychoneurosis with reactive depression. In 1934 she entered a Chicago hospital complaining of "dizziness, nervousness, and pains in her head." In 1940, she entered a clinic and on physical and roentgenological examination was found to have Paget's disease with anterior bowing of the femora, asymmetry of the pelvis, and deformity of the humerus. It was at this time that she entered a mental hospital with a rather sudden development of depression, agitation, self-accusatory ideas, and a suicidal attempt. She improved to some extent from her mental disturbance and was soon discharged with a diagnosis of involutional melancholia, depressed type. In 1946, she again became suddenly agitated and developed paranoid ideas, feeling that people were plotting against her. Aside from the deformities mentioned above, the physical and laboratory tests were essentially negative. The skull film, however, although it showed some rather marked uniform thickening of the tables with obliteration of the diploe, showed also some enlargement of the sella turcica, which along with the bony thickening, resembles in some respects an acromegalic skull. (Figure 4): Although the changes are most likely those of Paget's disease, it is known that some cases of acromegaly may show a skull picture resembling Paget's disease. Although Sir James Paget in his original description stated that the mind remains unaffected even when the skull is highly thickened and all of its bones exceedingly altered in structure, there have since been several reports of mental changes occurring in Paget's disease, varying from irritability and depression to psychosis.

As in other cases, it is perhaps difficult to correlate the mental picture with the organic process. From the psychiatric approach, sufficient dynamic material was brought out in this case to lend plausibility to a diagnosis of psychoneurosis. It is conceivable that the progressively crippling and disfiguring affects of such a disease might contribute to the development of a mental disturbance. However, as in the other case, the organic changes obtrude themselves sufficiently to warrant some recognition on a purely organic basis.

CASE 4: S. J.: A 24 year old, white male had been employed as a machine operator helper in a large factory. One day he wanted to put his hands in the machine saying that God would stop the machine and prevent him from getting hurt. He soon became irritable, developed ideas of reference, and expressed other peculiar ideas. He was a breech presentation at birth and was delivered by instruments, his nose was injured, and became permanently deviated to one side, and the patient has always been sensitive about appearance. As an infant he cried hard and frequently became cyanotic; as a child he suffered temper tantrums but was able to complete three years of high school. His work record was erratic until the above episode, when he was committed to the Elgin State Hospital. Physical examination was negative except for some asymmetry of the head and nose. After a period of time the patient improved to some extent and at the staff meeting diagnoses were considered, including schizophrenic reaction, psychopathic personality with excitement, and psychoneurosis with an acute excited state. After further improvement, he was discharged.

However, he had difficulty in getting along, was at times despondent and soon insisted that he had "Jesus' blood" in his veins, became disturbed, and began smashing windows. He was readmitted in 1945, professed total amnesia and blindness, and



Figure 5. (S.J.) Cranio-stenosis. Exaggerated convolutional markings involve bones about anterior cranial fossa. Shortening of A.P. diameter. Tendency to towering.

was a behavior problem. He was excited, rambling in his stream of speech, destructive and irascible. The nature of the psychosis was not clear and he was considered to be a psychopath in the broad sense of the term, and was diagnosed as psychosis with psychopathic personality. An initial course of electric shock treatment resulted in a temporary semi-stuporous state, and later upon administering the first treatment of a retrial of electric shock, he became markedly apneic and cyanotic so that artificial respiration had to be administered. It was then that organic brain disease was for the first time considered. The skull x-ray taken in February, 1947 reveals in the lateral view (Figure 5) the presence, first of a clearly defined exaggeration of the convolutional markings involving the bones about the anterior cranial fossa. The margins of the depressions being clearly outlined, and the bony structure of the base being clearly defined, it can be assumed that we are dealing with old pressure scars arising from an increased intracranial pressure that was manifest at some earlier period and which has since become compensated. In addition, it was noted that there was shortening of the A. P. diameter of both anterior and posterior fossae, with a compensatory tendency to towering. On the P. A. view there was absence of the frontal sinuses and there was definite asymmetry of the skull. Therefore, from the information obtained from the x-rays, it was felt that this patient suffered at one time from cranio-stenosis, a condition in which two or more cranial bones unite prematurely, becoming fused during infancy. In such a condition, the skull is unable to expand normally to accommodate the growing brain and hence the development of increased pressure.

At the present time, the patient's behavior is essentially unchanged, but he remains oriented and coherent; admits having had headaches which he describes as "throbbing like your heart beating in the cranium." Spinal fluid pressure is normal and there is no evidence of papilledema or disc atrophy. The neurological examination was essentially negative except for questionable impairment of position sense.

Again, in this case, we feel ourselves permitted to transgress the realm of chance or coincidence that one disease should be merely superimposed upon the other, and predicate that the disease process as observed on the one hand by the psychiatrist and on the other hand as observed by the roentgenologist are but different manifestations of the same disease.

DISCUSSION

We have presented case histories of four patients who were considered to be suffering from mental illness of a "functional" nature, but whose skull x-rays revealed the presence of significant organic pathology. An attempt is made to associate the mental symptoms with the disease process as revealed by the skull-x-rays.

"Organic" disease is established by the identification of qualitative or quantitative alteration of some part of the body structure by existing methods of investigation and when such qualitative or quantitative alteration of some part of the body cannot be identified by the existing methods of investigation, the disease manifestation is considered "functional". The arbitrariness of such an arrangement is self-evident. It was none other than Freud, for example, who wrote "the edifice of psychoanalytic doctrine which we have erected is in reality but a superstructure which will have to be set on its organic foundation at some time or other; but this foundation is still unknown to us."

While we cannot categorically state that the symptoms manifest in these cases are due to brain destruction, we are nevertheless reminded by the skull x-rays of the arbitrariness and fallaciousness of dichotomizing mental disease into "functional" and "organic" categories.

SUMMARY

From a survey of skull x-rays in a large state hospital, somatic disease is demonstrated in the skull x-ray of four patients in whom the disease process was diagnosed as a functional disorder. An attempt is made to associate the mental symptoms with the disease process as revealed by the skull x-rays, emphasizing the inseparability of the functional and the organic approach.

750 South State Street.

BIBLIOGRAPHY

Wilson, G., Rupp, C., Barth, H.: Emotional Factors in Organic Disease of the Central Nervous System, Am. J. Psychiat., Vol. 99, pp. 788-792, May, 1943.

Kinnier, Wilson, S. A., and Bruce, A. N.: Neurology, Vol. 2, The Williams and Wilkins Company, Baltimore, 1940.

Ford, F. R.: Diseases of the Nervous System in Infancy, Childhood and Adolescence, Second Edition, Charles C. Thomas, Springfield, 1944.

Pancoast, H. K., Pendergrass, E. P., Shaeffer, J. P.: The Head and Neck in Roentgen Diagnosis, Charles C. Thomas, Springfield, 1940.

Christopher, F.: A Textbook of Surgery, Third Edition, W. B. Saunders Company, 1942.

Burlingame, C. C.: Psychiatric Sense and Nonsense. J.A.M.A. Vol. 133, pp. 971-974, April, 1947.

Wilson, G., Rupp, C.: Present Trends in the Practice of Neurology. J.A.M.A., Vol. 133, pp. 509-513, February, 1947.

Cobb, S.: Borderlands of Psychiatry, Harvard University Press, 1946.

Association for Research in Nervous and Mental Disease: The Intracranial Pressure in Health and Disease, Vol. VIII of a series of Research Publications. The Williams Wood and Company, 1931.

Harrison, B. J. M.: A Textbook of Roentgenology. William and Wilkins Company, Baltimore, 1929.

Cholecystitis

Adolph Kraft, M.D. and William Wolf, M.D.
Chicago

The following observations were made following the study of two hundred and ten cases of cholecystitis associated with cholelithiasis. These cases occurred in a two year period. In this series of operated cases, it was noted that the ratio of females to males was three and one-half to one. Eighteen cases had a stone in the common duct. Three cases had stones in the hepatic ducts.

Incision: — Two incisions were used in this series of cases. The transverse incision was used in one hundred and thirty-one cases, and the rectus splitting incision in the remaining seventy-nine cases. The factors which determined the selection of the incision were: 1. The size and weight of the patient; 2. Results of the Roentgenological studies; 3. History.

Patients that were exceptionally large structurally — (over 6 feet) — and those patients that were obese, were candidates for the transverse incision. In those cases where the roentgenological studies revealed the biliary tract to be distorted or displaced, the transverse incision was also the incision of choice. The authors feel that previous surgery involving the right upper quadrant is a definite indication for using the transverse incision. Individuals who were small structurally and not obese were considered for a muscle splitting incision. Then too, the muscle splitting incision was believed to be the incision of choice in cases that necessitated emergency surgery, and when the possibility of drainage rather than removal was present. Operative procedures involving the common duct were performed through a transverse approach. The authors are of the opinion that the transverse incision in the majority of cases is very satisfactory.

Closures: — All cases were closed with an interrupted technique. This procedure, although time consuming, is felt by the authors to be the closure of choice. Chronic catgut was used in all of the cases. No post-operative hernias occurred.

Roentgenological Studies: — All operated cases had roentgenological studies completed before surgery. Following x-ray studies one hundred and forty cases (66.6%) showed stones. Fifty-one cases (24.38%) showed a non-functioning gallbladder. Eleven cases (5.25%) of the series were impaired functioning gallbladders. At surgery revealed: 1. Five cases, a diagnosis of chronic cholecystitis was established; 2. Three cases, strawberry gallbladders were found; 3. One case, the gallbladder was a shell of calcium carbonate; 4. Two cases with previous found, but no stones could be demonstrated. roentgenological studies had shown evidence of

stones and at surgery chronic cholecystitis was

In nine cases (4.28%) the roentgenological studies revealed a normal gallbladder. At surgery, seven cases (of the above group) had stones and two cases exhibited chronic cholecystitis without stones. In this group all of the nine cases had a long established history of gallbladder disease. Seven of the above group gave a history which dated more than eight years prior to surgery. Three cases had at various times been clinically jaundiced.

Three cases of common duct stones were not visualized on x-ray. One case of common duct stone was visualized on x-ray.

In four cases of chronic cholecystitis with stones, roentgenological findings demonstrated the presence of a duodenal ulcer.

In one case of chronic cholecystitis with stones, roentgenological studies revealed an active peptic ulcer. In two cases of chronic cholecystitis with stones, roentgenological studies revealed colitis.

In one case of chronic cholecystitis without stones a duodenal ulcer was demonstrated.

Four of the five cases of duodenal ulcers that were associated with cholecystitis showed clinical improvement immediately after surgery.

Spontaneous Passage Of Stones: The spontaneous passage of gall stones from the gallbladder and the cystic duct occurred in two cases. In both of these cases the existance of multiple small gall stones had been established by roentgenological studies, two and three months respectively prior to surgery. Apparently the stones in these cases were spontaneously passed into the duodenum. At surgery both cases revealed evidence of chronic cholecystitis but no stones could be demonstrated in either the gallbladder, common duct, or hepatic ducts. In view of the existing possibility of spontaneous passage of gall stones into the duodenum, it would seem advisable to repeat roentgenological studies on patients that had had a diagnosis of cholelithiasis substantiated by reontgenological studies three to four months prior to surgery. The use of anti-spasmodics, cholecystakenitics and choleretics would seem to be indicated in all cases exhibiting gall bladder stones that are not associated with obstruction.

The Management Of Chronic Gallbladder Disease: The management of chronic cholecystitis with or without cholelithiasis, consists of proper medical preparation followed by surgery. It is felt that if symptoms are persistent, prolonged waiting only aggravates the existing condition. Following a trial of medical management, the patient who does not respond satisfactorily, then should be prepared for surgery. Removal of the gallbladder in these cases is thought to be the treatment of choice. Very few cases of chronic cholecystitis with or without stones were drained. The authors believe only cases that are associated with extreme emaciation, shock, or superimposed upon other infections or pathological entities should be drained. The technique of cholecystectomy can be varied with the presenting pathology. The question as to whether or not the surgery should be accomplished from below upward or from above downward continues to be a matter of individual preference. In this series of cases, the latter technique was used.

Management Of Acute Gallbladder Disease: The management of acute cholecystitis with or without cholelithiasis is not clearly defined. The authors feel that early surgery is indicated and that cholecystectomy rather than cholecystostomy is the procedure of choice. The latter procedure being reserved for those cases that exhibit severe complicating factors.

In those cases of acute cholecystitis that are not seen until a period of ninety-six hours has elapsed since the onset of the episode, the best results are probably obtained by employing medical management provided the patient is improving clinically. Surgical interference after 96 hrs., when necessary, should be drainage rather than removal of the gall bladder.

The medical management of acute cholecystitis, as well as chronic cholecystitis is extremely important. The addition of chemotherapy coupled with the ambiotics has aided tremendously in reducing mortality and morbidity of biliary tract surgery.

Cholecystitis And Pancreatitis: Three cases (1.45%) showed evidence of chronic interstitial pancreatitis. No attempt was made to drain the pancreas. The authors do not feel that this pathological condition requires surgery on the pancreas itself. In these cases the common bile duct was opened and drained. The gallbladder was removed in two cases and in one the gallbladder was not removed. It is felt that the gallbladder itself is a focus of infection and it should be removed unless the patient's condition

contraindicates this procedure. All three cases recovered within a satisfactory period. The diagnosis of chronic interstitial pancreatitis is seldom made before surgery. In two of the above cases the serum amylase was only slightly elevated at surgery. All of the three cases of chronic intersititial pancreatitis were associated with cholecystitis and cholelithiasis. During the past few years considerable work has been done regarding the surgery of the pancreas. The authors are of the opinion that surgical procedures other than those enumerated and described above are both hazardous and unnecessary.

Pathology Of Cholecystitis: Unfortunately it is often extremely difficult to judge accurately the degree of the existing pathology in billiary tract disease. The symptomology of biliary tract pathology does not always portray an adequate picture of the existing underlying pathology. The degree of infection and the amount of vascular changes are not accurately reflected by either the symptoms or the physical findings. Some patients exhibited only moderate symptoms and at surgery the gallbladder was found to be highly pathological and technically difficult. The problem of diagnosis of biliary tract pathology, not only involves the biliary tract itself, but also the multitude of surrounding structures. It is extremely difficult to foretell the impending perforation of a gallbladder. Clinical findings and their interpretation must supercede laboratory findings in this particular instance.

Analysis Of Results: The relief of symptoms in the majority of patients, was thought to be more complete in those cases that at operation exhibited stones. There were no cases of evisceration in this group of operative cases. There were no deaths in the operative group. There were no vascular accidents (thrombosis, thrombophlebitis or embolic phenomena) in this group of cases. There was one case of sub-diaphragmatic abscess.

Symptoms Of Biliary Tract Disease Following Cholecystectomy: This subject is often referred to as the "post-cholecystectomy syndrome". It is apparently common and the symptoms of this syndrome are both severe and persistent. This subject has been discussed frequently by many authors during the past few years. [1, 2, 3, 4] The etiology of this syndrome is not completely understood. It is thought that a number of conditions or group of conditions are capable of producing this symptom complex. A series of eight cases of this category were operated. These eight cases had previously undergone cholecystectomy from three to five years prior to this examination. None of these cases showed stones on roentgenological examination. Roentgenological examination was repeated after a three month period had been allowed to elapse. Roentgenological examination at this time was also negative. At surgery two cases had stones in the right hepatic duct. The stones in both cases were multiple and small. One case had a stone at the sphincter of Oddi. Two cases had a demonstrable remnant of the cystic duct which had become distended and closely resembled a small gallbladder. One case had an incomplete stricture of the common duct. Two cases proved to have multiple adhesions involving the duodenum and the liver. In view of the diversified findings at surgery it must be concluded that no single entity is the responsible etiological factor in producing this symptom complex.

Several investigators are of the opinion that the above symptom complex can be explained on the basis of trauma to the nerve fibers (primarily those of sympathetic origin) which traverse the common duct and the cystic duct and innervate the gallbladder. The anterior and posterior plexuses lie in the vicinity of the cystic duct. A ligature placed around the cystic duct would traumatise these nerves. Various workers have expressed the opinion that under these conditions a neuroma may form. Thus any nervous stimulation which results from movement, of the common duct, could cause this "post-cholecystectomy" syndrome to be elicited. However, this condition which possibly accounts for the production of some cases of "post-cholecystectomy syndrome", is probably not the sole etiological factor. If care is used to strip the cystic duct of all extraneous tissue before the ligature is applied, this complication can readily be avoided.

Emphasis has been properly placed upon the dangers of ligating the cystic duct at a point which is too close to the junction of the cystic duct with the common duct. It is very important that strictures of the common duct be avoided. However it must also be stressed that ligation of the cystic duct at a point too far removed from the junction of the common duct with the cystic

duct should be avoided. For this procedure frequently results in "post-cholecystectomy syndrome" and at re-operation stones may be found in the remnant. The necessity of adequately cleaning the field, before closure, must be considered as being important. A clot of blood and tissue debris aids in the formation of adhesions which in turn may mar the results of the surgery. This refers primarily to duodenal adhesions.

CONCLUSIONS

1. A report of two hundred and ten cases of cholecystectomy is presented.

2. The criteria for seleetion of type of incision are mentioned.

3. The roentgenological reports on the series is analyzed.

4. The need of repeating roentgenological studies before surgery on patients that have been studied two to three months before being admitted to the hospital.

5. The assoeiation of gall bladder disease and its apparent relationship with pancreatitis is stressed.

6. Etiological factors thought to produce the "post-cholecystectomy" syndrome, are discussed.

REFERENCES

1. COLE, W. H. J., Michigan M. Soc., 1940, **39**: 173-179.
2. DOEHRING, P. C., Arch. Surg., 1941, **42**: 665-680.
3. GRAY, H. K., and SHARPE, W. S., Proc. Mayo Clin., 1944, **19**: 164-168.
4. ADAMS, R., and STRANAHAN, A., Surg. Gyn. Obst., 1947-85: 776-784.

Significance of Rectal Bleeding and the Importance of Diagnosing Early Cancer of the Colon

Wendell G. Scott, M.D.
St. Louis, Missouri

Among the laity the colon is the most misunderstood organ in the body. It is the one structure they are certain they know all about. They aseribe all manner of ills to it and prescribe for themselves innumerable home and drug store remedies without the slightest compunetion. Every person who is not an M.D. is certain that he or she is a competent "colon specialist on minor ills".

This attitude by the laity is disturbing for two important reasons: First, it has given rise to misconceptions about the functions of the colon and about the significance of symptoms caused by disorders and diseases affecting it. Second, it has encouraged self medication and treatment.

These two facts result in delay and in procrastination by these people at a time when a cancer is beginning, and is curable and at the time when it can be found by careful examinations. The key to the cancer problem of the colon thus is in the hands of the patient who is over thirty years of age. He must be taught that it is the minor symptoms and the minor changes in bowel habits which give the first warning of an early cancer. These are the symptoms for whieh he has been accustomed to treat himself, but for whieh now he must seek medical adviee and examination. Only in this way can cancer of the colon be detected in the early, in the operable, and in the curable stage.

The most important of the methods for examining the colon for cancer is the barium enema. Time does not permit a description of the details of this examination. It should suffice to say that it must always be done with the greatest regard for accuracy. I do not hold that only a radiologist is capable of doing this examination, but I do hold that a physician who assumes this re-

Presented before the General Assembly, 109th Annual Meeting of the Illinois State Medical Society, May 16-18, 1949.

sponsibility must be able to do it equally as well. Otherwise he is subjecting his patient to an inferior examination and he is placing himself behind a screen of false security. It is not the x-ray equipment that makes the examination, but the trained physician who operates it. As for equipment, high grade tools in the long run help to do a better job and for that reason, the roentgen apparatus should be up to date with a capacity of at least a 100 milliampheres and fitted with a Potter-Bucky grid. It should be capable of making exposures at one-half second and, of course, equipped for fluoroscopy.

There is no definite clinical picture in cancer of the colon, yet 97% of these patients will have one or more of the symptoms listed as indications for a barium enema.

1. The most important is rectal bleeding. Every patient who passes blood or has streaks of bright red blood in the stool must be given a barium enema.

2. Changes in bowel habits need not be marked. Even the slightest change in patients over forty years of age requires a barium enema if early cancers are to be found. I can't emphasize this too strongly.

3. Marked constipation or diarrhea or combination of both are often the first signs of colon disease or of a well developed cancer. Notice I say "well developed."

4. Pus or mucous in the stools requires a barium study to determine the location and extent of an infection or of an ulcerated tumor.

5. Abdominal distention is significant. It may be the first indication of an obstructive cancer.

6. Cramping pains in the abdomen can't be ignored for they, too, may mean the beginning of an obstructive cancer and are cause for a thorough examination of the colon.

7. Unexplained loss of weight can be caused by small ulcerated polyps as well as from the slow bleeding of a malignant growth.

8. One of the most common sites of abdominal tumors is the colon.

9. Hemorrhoids, in themselves, are an urgent reason for examining the colon. You have all seen patients who had operations for hemorrhoids because of rectal bleeding and who returned some months later with a cancer at a higher level, well advanced, and in an incurable stage. These could have been found by a barium enema and a proctoscopic examination and successfully treated at the time of the hemorrhoidectomy.

Only about ten patients out of every one hundred examined by a barium enema have a demonstrable lesion of any kind. This is not a disappointment, because the bigger the percentage of negative examinations, the greater will be the chance of finding early cancers, and that is what is important. Don't wait for the textbook symptoms to develop before acting, order the barium enema on suggestive symptoms!

Cancer of the colon is a common disease. It is the second most frequent of all cancers of the gastro-intestinal tract and is exceeded only by cancer of the stomach. It forms about 7% of all cancers.

Approximately 50% occur in the rectum and sigmoid colon. They can be seen on proctoscopic examination. About 12% of these can be felt by a digital examination. Redundant and overlying loops of sigmoid make the radiographic examination very difficult and require every effort on the part of the observer to avoid overlooking a small growth. This is the hardest segment to examine; yet it is the most frequent site for cancers. This fact alone explains why an examination of the colon is not complete unless a digital exploration, a proctoscopic study, and a barium enema are included.

There are four types of carcinoma of the colon:

1. The medullary or nodular type which forms the greatest percentage. They are usually large, bulky, fungating, friable, and in the proximal part of the colon. They ulcerate early, metastasize late, and are slow to produce signs of obstruction as the fecal stream is liquid in the right colon and the diameter of the bowel is large.

2. The scirrhous type forms about 20%. They usually appear in the distal colon, are annular, encircle the lumen and are prone to produce obstruction as the fecal stream in the left colon is firm and the diameter of the bowel is smaller.

3. The colloid or mucoid type is similar to the medullary.

4. The polypoid type usually degenerates from polyps. Many pathologists believe that polyps of the colon constitute a definite pre-cancerous lesion, and especially so when accompanied by an inflammatory disease of the colon.

Microscopically about 98% of all types of colon cancers are adenocarcinomas. They begin as a disease of the mucosa and remain limited to a small segment of the colon. Consequently, the margins of the cancer begin and end abruptly. This characteristic provides a major sign in the radiographic differentiation between malignant growths and inflammatory diseases.

CONCLUSIONS

1. Cancer of the colon is common.
2. The best protection afforded the laity is the complete periodic health check-up.
3. The surgical treatment of cancer of the colon has progressed ahead of our consistent ability to diagnose it in the early stages.
4. The most urgent phase in the problem of cancer of the colon is the education of people over 35 to seek medical attention for minor changes in their bowel habits and the elimination of self medication.
5. The next most important step is the education of the physicians to institute examinations of the colon for suggestive symptoms and not to wait for the appearance of the advanced signs of cancer.

STUDY EFFECT OF HAY FEVER DRUGS IN EPILEPSY

Study of the effect of two widely used hay fever drugs, benadryl and pyribenzamine, on epilepsy shows that benadryl decreases the frequency of seizures of the petit mal form of the disease, according to a report in the Sept. 3 Journal of the American Medical Association.

Petit mal is the less severe type of epilepsy in which the sufferer is dazed for a few seconds at a time.

No claim is made by Drs. John A. Churchill and George D. Gammon of the University of Pennsylvania, Philadelphia, who reported on the drugs, that benadryl can be used as a treatment for petit mal at present.

The study shows further that both benadryl and pyribenzamine are capable of inducing more severe seizures in patients with certain brain lesions, and that pyribenzamine also increases seizures of petit mal epilepsy.

Carefully documented studies on the use of streptomycin in clinical tuberculosis have established the fact that this new anti-bacterial agent exerts a beneficial therapeutic effect on several forms of tuberculosis. At its best, however, it is only an auxiliary part of the general treatment in most forms of the disease, and is partially dependent, for its full effect, upon other more common therapeutic measures, such as bed rest, pneumothorax, and chest surgery. (Recommendations of the Subcommittee on Streptomycin of the Expert Committee on Tuberculosis of the World Health Organization, January, 1949)

Of the deaths from respiratory tuberculosis in 1947, 32.1 percent occurred outside of institutions, and 67.9 percent occurred in institutions. Of the total respiratory tuberculosis deaths, 25.8 percent occurred in general hospitals, 30.9 percent in tuberculosis hospitals and sanatoria, and 9.0 percent Pub. Health Rep., April 1, 1949.

CASE REPORTS



Fulminating Eclampsia Associated with Fibrinogenopoenia and Hemorrhage

Walter F. Dillon, M.D., and Herbert E. Schmitz, M.D.
Chicago

The onset of pre-eclampsia and eclampsia always was, and always shall be a matter of grave concern for both the patient and her physician; and the safe delivery of these patients without sequelae is the goal desired. With the advent of adequate prenatal care, and the better patient-physician relationship, the mortality from toxemia has improved, but the incidence has not been appreciably altered. For the period of 1931-1945 incl. the incidence of eclampsia at Lewis Maternity Hospital[1] has been 51 cases or 0.18%. This is the same incidence reported from Chicago Lying-In Hospital[2] during the same time interval. Within the past year however, we have had two fulminating cases that had a most rapid course complicated by a generalized hemorrhagic diathesis, the most notable feature being a fibrinogenopoenia with resultant inability of the blood to clot. Because of the rarity of this complication, the following two cases are reported in almost complete detail.

Presented before the 594th regular meeting of the Chicago Gynecological Society, May 21, 1948.

Case 23,225 is that of a 24 year old Gravida 1 Para 0 white female whose E.D.C. was Aug. 11, 1947, and was first seen in the clinic on Feb. 24, 1947. Past history was negative except that she had been told she had hypertension following routine physical examination in April, 1945. She was admitted to another hospital at that time where her blood pressure varied from 170/90 to 200/120. B.M.R. varied from plus 11 to plus 35 on five tests, but it was the impression of the attending internist that the elevated B.M.R. was due to an anxiety state and not a true thyrotoxicosis. Physical examination: Blood pressure 140/90, head, chest, abdomen, and extremities normal. Lab. Rbc 4.38 million, Hb. 11.6 gm, 82%; Group A, Rh positive; Kahn neg.; and urine normal. The patient had no

subjective complaints, she was admitted to the hospital on two occasions because of elevation of blood pressure to 152/110. The medical consultant noted arteriolar narrowing of the retinal vessels without any tortuosities or A.V. nicking. I.V. pyelogram showed a normal left kidney, and an obscured right kidney. On May 21, 1947 the urine had a one plus albumin, 50-60 wbc, and Gram negative rods in the sediment. N.P.N. was 44, uric acid 3.4, and Cephalin flocculation one plus in 48 hours. Patient was afebrile but was placed on 1½ grams of Streptomycin daily, sedation, and a salt free 85 gram protein, 1800 calorie diet. During the next three days there was a decrease in the wbc in the urine. Total weight gain to May 22 was 8 pounds above her normal of 98. On May 22 the blood fibrinogen was 0.56 grams, urea clearance 115% 1st hour, and 92% the 2nd hour. On May 25, the blood pressure had risen to 170/100, N.P.N. 59, and uric acid 4.05. She was given 20% glucose in water in an attempt to improve elimination, but within 10 hours the N.P.N. had risen to 64, and the patient began to complain of visual disturbances. Because of the progression of findings, a low cervical section was done under local anesthesia in the 29th week of gestation and patient delivered of a 2 pound infant that lived for 12 hours. The blood pressure was sustained during the operation from 180/130 to 210/140, and patient had a mild convulsion during the operative procedure. Blood loss was estimated at 250 cc. Three hours postoperative the pressure dropped to 100/65, pulse 80, and the patient was rational. There was no evidence of bleeding, so patient was given 1000 cc of plasma and 1000 cc of 10% glucose. During the next four hours the pressure did not rise, and then the patient began to bleed from the vagina, abdominal incision, and all sites of vena puncture. Despite infusion of blood and other additional shock measures, the patient expired an hour later, remaining rational to the time of exodus. Blood that had passed from the vagina was still unclotted 36 hours after death. Fibrinogen determination of this blood was 0.120 grams. Permission for only biopsy of the kidneys was obtained. The right kidney measured 4 cm. in size, and the left was slightly enlarged.

Microscopic Examination: *Left Kidney*: There was marked swelling of the convoluted tubular epithelium, and the cytoplasm was granular. There was some karyolysis. Rare mitoses were present in the epithelium of the convoluted tubules. Protein precipitate in the lumina. Few tubules were seen containing brown or pink casts. Rare minute cortical scar enmeshing a few atrophic tubules were infiltrated by lymphocytes. The glomeruli showed no significant changes. Rare arteriole showed a thin encircling band of hyaline beneath the endothelium or small hyaline deposits along only part of the endothelial lining. There was no arteriolonecrosis or hyperplastic arteriolosclerosis. There was thickening of the intima of small arteries by elastic fibrils. Brown pigment was seen in some of the epithelial cells of Henle's loops.

Right Kidney: Large scar replaced part of the parenchyma from pelvis to capsule. In the scars groups of small and large cast filled tubules, simulating thyroid tissue in appearance, were seen. In these same areas, there were notable vascular changes consisting predominantly of fibroblastic intimal thickening with collagen deposition. Elastic fibrils were intermixed in some arteries. These changes were practically limited to vessels in the scars. There was local infiltration of the scar by lymphocytes. The more normal portion of the kidney tissue in the section was similar to that described in the left kidney. There was a rare hyalinized arteriole in this portion. There was massive infiltration of the sub-epithelial tissues of the pelvis by lymphocytes and plasma cells. The epithelium of the pelvis was desquamated.

Microscopic Diagnosis: Chronic pyelonephritis with contraction of the right kidney, minimal benign nephrosclerosis right and left kidneys, Nephrosis.

Case 23,110 is that of a 21 year old Gravida 1, para 0 Mexican girl whose E.D.C. was Sept. 7, 1947, and who was delivered by Cesarian section Sept. 18, 1947. She registered in our clinic on Jan. 24, 1947. Physical examination, and past history were normal. Up until the time of admission on Sept. 18, patient had had a gradual weight gain of 15 pounds, and blood pressure and urine analysis were always normal. On the evening of admission (3 days after last clinic visit) patient phoned complaining of epigastric pain, and was advised to enter the hospital. At time of admission, one hour later, blood pressure

was 170/105. urine 4 plus albumin, N.P.N. 43, uric acid 4.7, bleeding time 2.5 minutes, and clotting time plus 11 minutes. She was given morphine gr. ¼, 5 grams of 50% Magnesium sulfate I.M., and 300 cc 50% glucose I.V. Urinary output was 60 cc first hour. 10 cc second hour, and 5 cc the third hour. Despite additional sedation the pressure rose to 210/140, and the uterus went into a state of sustained contraction with a slowing of the fetal heart tones. Because it was believed that the patient had a toxic separation of the placenta that was progressing to a fulminating eclampsia, it was decided to section the patient as soon as 1000 cc of blood were obtained from the bank. She was digitalized by the intravenous route, and fortified with 40 mgm of Vit. K. Funduscopic examination revealed marked arteriolar spasm in both eyes. Three hours after admission patient had her first convulsion from which she did not recover consciousness. A low cervical section was done under local anesthesia 4½ hours after admission and a 5¾ pound infant delivered that lived for 40 hours. On opening the abdomen, the uterus was found to be in a tetanic and cyanosed state. The placenta was edematous and had several old and recent small infarcts present, but no evident separation. Following operation the patient had a vaso-motor collapse despite a total of 2000 cc blood, 500 cc 50% glucose, and 100 cc 10% glucose which had been started at the time of surgery. Patient began to bleed from all sites of venapuncture and the incision, and expired 8½ hours after admission to the hospital. Additional blood studies revealed 0.520 grams of fibrinogen at admission and only 0.150 grams % at time of death.

Autopsy revealed multiple and generalized hemorrhages. Liver: Weight 2500 grams. The capsule is smooth and thin. Cut section reveals a distinct yellow opaque parenchyma, irregularly stippled and mottled with dark red blood; and some lobules are free from this stippling. The largest red patch is noted at the attachment of the falciform ligament. Here the capsule of the liver is dark red. Brain: Weight 1080 grams. Skull and dura are normal. In the subarachnoid space over the left cerebral hemisphere and over the cerebellum is a thin layer of fluid blood. There is a moderate flattening of the cerebral convolutions. Moderate cerebellar pressure cone. A slightly blood tinged water fluid is found in the undilated ventricles. The floor of the fourth ventricle bulges somewhat dorsally and has a bluish hue. Sections through the brain stem reveal beneath the floor of the 4th ventricle in the pons, a mass of blood clot 1.5 cm in diameter. The clot is found in the substance of the pons and in the adjacent portion of the left cerebellar peduncle, as far as the central white matter of the left cerebral hemisphere. Multiple frontal sections through the cerebrum reveal small hemorrhagic patches in the left lenticular nucleus and left internal capsule. Otherwise wet nervous tissue is encountered.

Microscopic Examination: *Heart*: Essentially negative.

Lung: Congestion of alveolar wall capillaries Protein precipitate in lumina on some of the alveoli. Small groups of collapsed alveoli near pleura. Several rounded foci composed of caseous material or tubercles centrally and peripherally made up of dense hyaline connective tissue were seen. There were no tubercles around these foci. There were desquamated epithelial cells and clumps of bacteria without reaction in some of the alveoli.

Liver: Small and large groups of liver cells at the periphery of many lobules were absent or replaced by granular eosinophilic debris. There was hemorrhage in these areas. In some neutrophilic infiltration was seen. The rest of the liver cells were swollen. There was some disorganization of liver cell cords away from the necrotic foci (postmortem change).

Spleen: There was congestion and increase in number of neutrophiles and macrocytes in pulp. (postmortem change).

Pancreas: Extensive postmortem change.

Kidney: There was precipitated hemoglobin in the collecting tubules, distal convoluted tubules and loops of Henle. Occasional brown cast. There was no cellular infiltration around these tubules or extrusion of casts. A suggestion of thickening of basement membranes in the glomerular tufts was noted. The glomerular epithelial cells were swollen.

Adrenals: Not remarkable. Postmortem change in inner cortex.

Uterus: Few lymphocytes in decidua. Not remarkable.

Breast: Lactation hypertrophy.

Intestine: Autolytic changes in mucosa.

Thyroid: Moderate colloid storage. Foci of small follicles.

Gall Bladder: Negative.

Pons: Scattered areas of hemorrhage, some small. In the grey matter, pale areas in which ganglion cells show degenerative changes and even necrosis were seen. There was increase in microglial cells here (nuclei only visible). There were no typical scavenger cells and no definite vascular change.

Cerebellum: Poorly preserved. Small hemorrhages in central white matter.

Complete Anatomical Diagnoses:

1. Fatty liver with perpheral necrosis and hemorrhage (eclampsia).
2. Toxic nephrosis.
3. Pulmonary congestion and edema.
4. Aspiration bronchopneumonia.
5. Bilateral hemohydrothorax.
6. Hemphydroperitoneum.
7. Cerebral edema.
8. Cerebral hemorrhage, left lenticular nucleus, and internal capsule mild.
9. Massive pontine hemorrhage.
10. Mild sub-arachnoid hemorrhage.
11. Sub-endocardial hemorrhages, epicardium and pleura.
12. Petechial hemorrhages, epicardium and pleura.
13. Septic spleen.
14. Postmortem changes in pancreas.
15. Healed pleuritis, lung bases.
16. Recent cesarian section.
17. Postpartum uterus.

Microscopic Diagnoses:

1. Healing but still active pulmonary tuberculosis.
2. Focal hemorrhagic necrosis of peripheral liver cells in liver lobules.
3. Septic spleen.
4. Probable hemoglobinuric nephrosis.
5. Pontine hemorrhage.

COMMENT

The presence of a hemorrhagic diathesis brought about by pre-eclampsia or eclampsia is rare. However its fatal outcome is common and in a review of the literature back to 1935 I failed to find a case that recovered. Dieckmann[3] in his text published in 1941 cites two fatal cases that demonstrated fibrinogenopocnia. Kellogg[4,5] in speaking of toxic separation of the placenta cites 5 out of 9 fatal cases treated conservatively that demonstrated an inability of the blood to clot, and 5 other cases that were brought to his attention with a similar anomaly. There was no report of blood fibrinogen. Manly[6] cites 2 fatal cases of toxemia associated with hemorrhage, fibrinogen studies not being done.

The cause of this hemorrhagic complication could be one of many. Normally prothrombin reacts with thromboplastin and calcium to form thrombin, and thrombin reacts with fibrinogin to form fibrin. Anything that would interfere with this chain could thus produce hemorrhage. The Smiths[7] have demonstrated a fibrinolytic enzyme in toxemic patients, but we do not believe this played the chief factor in the two cases presented. The source[8] of prothrombin and fibrinogen is the liver. Ham and Curtis[9] state that fibrinogen depletion and associated hemorrhage may be found in severe liver disease such as acute yellow atrophy, amyloidosis, cirrhosis, fatty degeneration, or when any toxic agent causes severe liver damage. If the destruction is mild, fibrinogen levels are raised. The normal figures [3,10] for fibrinogen are for the non-pregnant 260 mgm %; range 180-350: normal woman at term, 480 mgm %, range 300-700; and in eclampsia, 600 mgm %, range 360-950. In the cases presented the fibrinogen fell from 560 mgm % to 120 mgm 4 days later in the first case, and in the second from 520 mgm % at time of admission to 150 mgm % at time of death 8 hours later. In addition both cases showed a marked lowering of the albumin-globulin ratio which also speaks for an impaired liver function. Were it possible for these patients to live sufficiently long for liver function tests, I believe they would show a complete ablation of liver activity. Because the fibrinogenopoenia manifests itself by a fatal hemorrhage, it should not be looked upon as a solitary disturbance.

Relative to treatment, we believe they should be delivered as soon as possible since the probable exciting cause is in the products of gestation. The type of delivery should be determined by the conditions present. Since the onset is sudden, and the course rapid, anticipation of this calamity is difficult. Since prothrombin and perhaps fibrinogen disappear from bank blood, fresh whole blood would be preferable. However

here again the time element plays an important role.

The first case was being considered as a possible Goldblatt hypertension because of the associated destruction of one kidney. Since the real proof of this condition is the relief of the hypertension following excision of the diseased kidney, this possibility must remain unanswered.

7449 Cottage Grove Ave.

NOTE: We are grateful to Dr. Dieckmann and his laboratory for doing some of these blood studies, and to Dr. John Sheehan for the pathology studies.

REFERENCES

1. Dillon, W. F., and Schmitz, H. E. Amer. J. Obst. and Gynec. 54: 948 December, 1947.
2. Davis & Gready, Amer. J. Obst. and Gynec. 51: 492, 1946.
3. Dieckmann, Wm. J. Toxemias of Pregnancy, page 81. C. V. Mosby and Co., St. Louis, Mo.
4. Kellogg, Clinics, October 4, 1945.
5. Kellogg, Amer. J. Obst. and Gynec. 15: 357, 1928.
6. Manly, Minnesota Medicine 27: 202, March, 1944.
7. Smith & Smith Science 102: 253-254, September, 1945.
8. Best and Taylor. Physiologic Basis of Medical Practice, Williams and Wilkins, Baltimore, 1945.
9. Ham and Curtis: Medicine 17: 413-445, December, 1938.
10. Trevorrow, Kaser, et al. J. Lab. and Clin. Med. 27: 471-486. January, 1942.

Multiple Cystic Lymphangiomas of the Omentum

Edward J. Adamski, M.D., Frank J. Walsh, M.D., Joseph K. Narat, M.D., and Arthur F. Cipolla, M.D.
Chicago

Primary cysts of the omentum are rare pathologic conditions. Gairdner[1] in 1852, was the first to report an omental cyst found at necropsy. Horgan[2], in 1935, reviewed the literature and found 97 cases reported up to that time. Guernsey[3] collected 15 cases from the files of the Mayo Clinic over a twenty-one year period.

Echinococcal and dermoid cysts may occur as primary lesions of the omentum. The development of the remaining group of omental cysts has been attributed to embryologic, mechanical or inflammatory causes but the consensus among contemporary pathologists[4,5] is that omental cysts are true neoplastic growths similar to cystic lymphangiomas encountered elsewhere in the body.

The cysts may be solitary or multiple, unilocular or multi-locular. In 53 cases collected by Montgomery and Wolman[6] multiple cysts were present in only five. They vary in size from being just visible to larger formations containing several liters of fluid which may be serous, chylous or hemorrhagic. Pedunculated cysts have been reported. The cysts may be situated in the mesentery, greater or lesser omentum. The majority of cases have occurred in infants and young children.

Pressure symptoms, such as vomiting, constipation or dyspnea, may occur in the presence of large cysts but small ones usually either cause vague, indefinite abdominal discomfort or remain asymptomatic and are incidental findings at operations or postmortem examinations.

Among the complications torsion, rupture[7] and hemorrhage[8] have been reported. Such complications may create a picture of acute abdomen, closely simulating a twisted ovarian cyst or acute appendicitis.

In cases causing clinical symptoms the differential diagnosis should consider cysts of the ovaries, the liver or the pancreas, hydatidiform mole, echinococcus cysts and tuberculous peritonitis. The exact nature of the condition in the

From the Departments of Obstetrics and Gynecology and Surgery, St. Elizabeth Hospital, Chicago.

Presented before the Chicago Gynecological Society, October 15, 1948.

majority of cases can be established only on the operating table.

As far as the prognosis is concerned, the possibility of malignant degeneration should be kept in mind[9], otherwise the condition may remain asymptomatic for an indefinite period of time unless a complication in the form of a rupture of a large cyst, with or without hemorrhages, or a torsion of a pedunculated cyst takes place.

The treatment is surgical but unsurmountable obstacles to the complete removal of the cysts may be present if the lesion involves large portions of the mesentery and the greater or lesser omentum.

A primigravida (I. P.) aged 23, entered St. Elizabeth's Hospital on April 28, 1947, with the diagnosis of pre-eclamptic toxemia. Her past history offered nothing of importance. The prenatal course was normal until one month before admission when she complained of blurred vision, headaches and edema of the ankles. Her blood pressure rose to 150/90 and albumin appeared in the urine. An attempt to induce labor failed and on May 5, a cesarean section was performed. After closure of the uterus, the obstetrician (F. J. W.) noted numerous cyst formations in the omentum. Further examination showed that countless cysts of various sizes, not exceeding 1 cm. in diameter, were scattered over the lesser and greater omentum and the mesentery of the small intestines. Some were solitary but the majority formed clusters of various sizes. The walls were thin and translucent. Most of the cysts were filled with an amber colored, fluid & a few with blood-stained fluid. On inspection of the involved structures no signs of inflammation were found. There were no adhesions nor exudate in the peritoneal cavity. The inspection and palpation of the adbominal organs failed to reveal any pathologic findings. A biopsy was taken from the greater omentum.

The histologic report, furnished by Dr. J. Kearns, was as follows:

"The specimen measures 15x10 up to 4 cm. The specimen is of sponge-like consistency and contains innumerable cysts which range in size from 0.5 to 1 ½ cm. in diameter. These cysts are filled with amber colored fluid, in places, and elsewhere with pinkish red fluid, and are arranged in clusters or lobules which are separated by varying amounts of firm, dusky red tissue. Microscopic examination reveals vessels which are dilated, cystic, lined with flattened, apparently attentuated, and/or columnar, swollen, endothelial cells supported by a variable amount of connective tissue stroma. In the larger vessels the endothelial cells are hyperplastic, forming papillae which, in places, appear to be parts of walls of vessels which were ruptured by the process of cystic formation. The endothelial cells are well differentiated, and show no mitotic figures. In places the supporting stroma is acellular, but there is no evidence of necrosis or inflammation. Chemical examination of the contents of the cysts revealed a small amount of protein and a large amount of cholesterol. The sediment of the fluid shows desquamated endothelial cells, a few red and white cells.

Histogenesis: According to Sabin, the lymphatic vessels first appear as outgrowths from the primitive jugular bulbs and from the great veins in the region of the groin. These evaginations lose their connection with the primitive venous system and only later, after many lymph vessels have developed, establish a secondary connection with the vein. It is highly probable that this tumor originates from some anomaly in the development of the primitive lymphatic spaces."

In the latter part of August, 1947, the patient developed vague pains in the right lower quadrant of the abdomen. She was re-admitted to the hospital, with a diagnosis of chronic appendicitis and an operation was performed on November 7, 1947. The appendix which did not show any gross pathology was removed. The inspection of the abdominal organs showed conditions identical with those found at the previous operation, viz., the omentum and the mesentery of the upper portion of the intestines were studded with numerous small cysts with translucent walls. A specimen 7x3x0.7 cm. was removed. The histologic examination showed the same condition as was noted in the specimen removed at the first operation. The patient was discharged in good condition on Nov. 15, 1947.

COMMENTS

On inspection of the organ or in sections, no signs of an inflammatory process in the omentum could be detected. There were no adhesions. The liver, pancreas, gastro-intestinal tract,

kidneys and the pelvic organs seemed to be normal as far as could be ascertained. The blood vessels of the omentum were not enlarged. The morphologic and histologic characteristics of the cysts were strongly suggestive of their origin from dilation of preformed normal lymphatic vessels. Such processes are most likely caused by mechanical obstruction of the lymph vessels but what produces the occlusion remains a matter of conjecture. No secondary fibrosis resulting from mechanical pressure and causing stasis and varicose distention could be found. The presence of numerous anastomoses in the lymphatic system of the omentum was against the hypothesis of a mechanical obstruction. The character of the process responsible for the development of the cysts during the fetal life remains obscure. It appears that the condition remains silent and does not provoke any subjective symptoms unless the cyst formations attain such a size that pressure symptoms or pain is provoked.

SUMMARY

A case of multiple cystic lymphangiomas of the omentum in a twenty-three year old woman is described. The condition was asymptomatic and was discovered in the course of a cesarean section. St. Elizabeth's Hospital 1433 N. Claremont Avenue.

BIBLIOGRAPHY

1. Gairdner, W. T.: Tr. Path. Soc. London, 3: 374, 1851.
2. Horgan, J.: Am. J. Surg. 29: 343, 1935.
3. Guernsey, C. M.: Proc. Staff. Meet. Mayo Clinic, 14: 694, 1939.
4. Gray, H. K. and Sharge, W. S.: Proc. Staff. Meet. Mayo Clinic, 16: 583, 1941.
5. Coolican, J. H.: Irish J. Med. Science, Sixth Series, 239: 1945, 677.
6. Montgomery, A. H., and Wolman, I. J.: Surg., Gyne. Obst., 60: 583, 1935.
7. Berger, L., and Rothenberg, R. E.: Surgery 5: 522, 1939.
8. Hurwitt, E. S.: J. Mt. Sinai Hospital, 10: 294, 1943.
9. Ransom, H. K. and Samson, P. C.: Ann. Surg. 100: 523, 1934.

OBSTETRICAL AND GYNECOLOGICAL PROCEDURES PRESENTED BY TELEVISION

A televised close-up of obstetrical and gynecological procedures will be presented for the first time in a week-long graduate teaching program open to all members of the medical profession without charge. Facilities will be available to permit the attendance of 150 physicians.

This new method of instruction will be used at the Lewis Memorial Maternity Hospital in Chicago each day from 9 A.M. to 4:30 P.M. during the week of October 24th to 29th, inclusive. The program will be directed by Dr. Herbert E. Schmitz, Professor and Chairman of the Department of Obstetrics and Gynecology of the Stritch School of Medicine of Loyola University.

With a number of large screens in the hospital, each attending physician will be able to observe clearly on the television screen every detail of the procedures and hear the discussions carried on between operating surgeons. The operations will be interrupted to show statistical data and material pertinent to the procedures.

This Television presentation of a teaching program is made possible through the cooperation of Ciba Pharmaceutical Products, Inc., and the Radio Corporation of America.

The nurse plays a particularly vital role in helping the patient to gain psychological acceptance of the diagnosis and in his psychological and emotional preparation for hospitalization. Both in what she tells the patient and in her attitude toward the patient as a person, the nurse can be highly instrumental in laying the foundation for a successful hospitalization experience for the tuberculosis patient. Especially during the course of teaching the patient protective measures for himself and his family, the nurse has the opportunity of strengthening the patient's attitude toward hospitalization. William B. Tollen, Ph.D., VA Pamphlet 10-27, Oct., 1948.

COUNCIL MEETING MINUTES

The August meeting of the Council was held at the Palmer House, Chicago, on Sunday, August 21, with the following present; Stevenson, Hedge, Camp, O'Neill, Stone, Harker, Hawkinson, Vaughn, Blair, Bornemeier, Peairs, Norbury, English, Otrich, Neece, Hopkins, Coleman, Hutton, Cross, W. O. Thompson, Neal, Leary and Frances Zimmer. Minutes of last meeting were approved. Secretary, in his regular report, outlined recent trip to Springfield as authorized by the Council, for Coye C. Mason, Camp and Frances Zimmer to make critical investigation as to the facilities available for the 1950 annual meeting. They found adequate facilities and a desire to cooperate on the part of the Association of Commerce, Sangamon County Medical Society, the hotels, and other groups. All exhibits, scientific and technical, and all general assembly programs can be scheduled for the large State Armory, now available for meetings. Council approved Springfield as meeting place, and appointed Jacob Reisch as General Chairman, Committee on Arrangements. Headquarters hotel will be the Abraham Lincoln, while the Woman's Auxiliary will hold their meetings at the nearby Leland Hotel.

Secretary told of recent re-arrangements in headquarters office in Monmouth, to provide more adequate space for the Society work. Stated that this Society has paid approximately 65% of the A.M.A. assessment and more money has not as yet been sent to the A.M.A. Efforts are being made to increase this percentage, and it is believed that a better report will be forthcoming for the next Council meeting in October. Second Speakers Conference scheduled for the LaSalle Hotel, Chicago, Sunday, September 11, and the Committee on Medical Service and Public Relations has scheduled a fine program, and every indication for a large attendance. It was requested that the Secretary's report be sent to members one week prior to each meeting of the Council, and Chairman Hawkinson stated that this would be authorized and carried out. Report accepted and placed on file by proper action.

Stevenson reported as President, telling of the numerous speaking engagements he has filled during the summer months. Referred to proposed meetings throughout the state under the auspices of the Illinois State-wide Public Health Committee, which organization has asked for an official representative of the Society at each of these conferences. Told of the reactions on the part of many lay friends to the proposed Reorganization Plan No. 1, in his community, and elsewhere in the state, and many protests were sent to Senators: later the plan was not approved by the Senate.

Hedge reported as President-Elect, stating that he is always ready and anxious to help the President, and he too has accepted a number of speaking assignments during the summer.

Chairman Hawkinson, reported new appointments to committees; R. C. Oldfield, as a member of the Post Graduate Education Committee, and H. E. Davis, as a member of the Subcommittee on Radiology, of the Medical Advisory Committee to the I.P.A.C. By proper action (Hedge-Neece) appointments were approved.

Reference was made to recent editorial on report of Charles J. Whalen to the House of Delegates of this Society in 1919, as chairman of the committee on compulsory health insurance. Reprints were procured of this interesting report. Motion, Harker-O'Neill, that Secretary send copy to secretaries and editors of all state and territorial societies. Motion approved.

Otrich stated that the Committee on Nutrition met the previous evening, and they want to request that a speaker on nutrition be scheduled on the program for the 1950 annual meeting. They suggested that the in-

vitation be extended to Dr. Jonathan Forman, Editor of the Ohio State Medical Society Journal.

Hopkins reported as chairman of the Medical Advisory Committee to the Veterans Administration, telling of renewal of contract for another year to give medical care to veterans under the home town medical care program. Hopkins also reported recent activities of the Committee in Voluntary prepayment Medical Care Plans, and especially relative to their meeting the previous evening. Serious consideration was given to the various types of plans now in operation in Illinois and elsewhere. Since last annual meeting additional responsibility has been given to the committee relative to the organization of individual county society service plans.

Reports from states having both service and indemnity plans gave the impression to the committee, that county plans apparently work to a better advantage than a single state wide service plan. Chicago Medical Society plan is expanding, and the county society approved plans in Winnebago and Rock Island Counties likewise are progressing satisfactorily. It has been reported that under the indemnity and the service plans now operating in Rhode Island, 56% of the people of that state are now protected under the two plans. During the fall, a meeting is to be held at which time reports from a number of states where indemnity, and/or/service plans are operating will give detailed reports. Hopkins told of the plans for the Second Speakers Conference scheduled for Sunday, September 11. Likewise reported on the ever growing responsibilities of his committee on Medical Service and Public Relations Referred to the recent articles in Chicago Tribune by Norma Lee Browning dealing with the activities in the Chicago area of "quacks", charletans, etc., in the field on medicine. Moved, seconded Neece, that Council submit a resolution to be sent to Miss Browning, The Tribune and the Director, State Department of Registration and Education commending these articles and urging that the proper state authorities endeavor to eliminate the illegal practitioners in Illinois. Motion carried. Leary as Public Relations Counsel and Neal as executive Secretary for the committee added to the report of the chairman, telling of recent work in their respective fields. Neal will send a report of the legislative enactments of interest to the medical profession within a short time.

Coleman reported as chairman of the Medical Advisory Committee to the Illinois Public Aid Commission, which met with officials of the I.P.A.C. the previous evening. Commented on the present financial status of the I.P.A.C. and the legislative action cutting their appropriation for the coming biennium. Likewise Coleman reported on the United Mine Workers medical care program and some problems which have arisen. Believes these will all be ironed out and the program should go along satisfactorily, so far as medical care by Illinois physicians is concerned.

Blair reported as chairman, on recent activities of the Educational Committee, and discussed in much detail, the present weekly telecasts presented over the "WGN-TV" station. Some interesting press releases have appeared recently telling of the increasing interest in these broadcasts. Told of the increase in the release of the regular "Health Talk" going to many on the mailing list, and is being used by 285 newspapers in the state. Above reports all accepted by proper action.

Hutton told of continued progress in compiling historical data, which has been under the supervision of Miss Salmonsen who is responsible for giving orders to her assistants, and is rapidly compiling the material. Believes this work will be completed within a relatively short time. Told of the activities of the C.M.S. Committee on Medical History which hopes to publish a book commemorating their 100 years of activity next year. Report accepted.

W. O. Thompson as Chairman of the Committee on Medical Education and Hospitals gave a report of progress following a meeting of the committee the previous evening. The committee composed of himself as chairman, Andrew C. Ivy and Harlan English have several important matters now under investigation and hope to have regular reports of their activities at subsequent meetings.

Cross reported as Director, State Department of Pubilc Health, telling of legistative enactments, and commenting on some of the laws which were passed pertaining to the work of his department. These will be given to Neal to check with the material for his proposed report on legislative enactments, and will be sent to members in a short time. Discussed in much detail the present polio epidemic, telling of the established polio centers for the emergency. By proper action, report accepted and editors instructed to publish same in the Journal.

Secretary reported on several matters which had been listed on the agenda as correspondence. Each letter was acted upon, several being turned over to individual committees and will be reported upon at the next meeting.

The Physicians Association, Department of Public Welfare had requested that their annual meeting be scheduled for Wednesday, during the 1950 annual meeting. Permission was granted, by proper action.

The following members were elected to Emeritus Membership; Oliver J. Flint, Princeton; Herman C. Newton, Chicago, and William H. Garrison, White Hall. The following were elected to Past Service Membership; Charles H. Steubenrauch, Havana; S. W. McArthur, Elkhart; Sydney Walker, Beverly Hills, Calif. (C.M.S.) and John C. Hill, Chicago.

It was reported by the Secretary that the U. S. Pharmacopoeal Convention will be held next year for the regular revision of the Pharmacopoeal, and this Society is urged to submit the names of three candidates from which they may select the member. The matter should have some thought, and the representative should act intelligently as our official representative. It was moved, duly seconded, that the officers of the Society canvas the field and also write the medical schools for suggestions relative to our candidates. Officers given the power to act. Motion approved.

Bills as audited by Finance Committee were approved. Council adjourned at 2:15 P.M.

Harold M. Camp, M.D. Secretary.

PATHOLOGY CONFERENCES

EDWIN F. HIRSCH, DEPARTMENT EDITOR



Mixed Mesodermal Tumors of the Female Genital Tract

Keith G. Wurtz, M.D.

Mixed mesodermal tumors of the female genital tracts are rare. Because of variations in histologic structure, some confusion exists concerning which tumors should be included. Theoretically, any tumor containing at least one mesoblastic tissue foreign to the uterus or vagina is of this kind. On this premise, 19 mixed mesodermal tumors of the uterus or adnexae with a brief discussion of histolgenesis, terminology, and etiology are analyzed.* No record except the diagnosis was available for one. Of the others, complete records were obtained for eleven, and partial records for seven. Of the 19 tumors, 17 were considered cancerous and 2 were benign.

In considerations of the age incidence, the site of growth of mesodermal mixed tumors is significant. Nearly all vaginal tumors occur in infants or children. Those arising from the cervix are most frequent in women in active menstrual life, and those of the body of the uterus are usually in women after the menopause. Among the 18 patients with records of this report, 1 child aged 15 months had a tumor of the vagina; 2 patients aged 56 years and 73 years had growths of the cervix; 14 women from 39 to 67 years of age (averaging 57.7 years had growths originating in the corpus uteri; and 1 aged 65 years had a mixed mesodermal tumor arising in the broad ligament near the left ovary, possibly in the relation to Gaertner's duct, the retc ovary or the fallopian tube.

The age of incidence of carcinoma of the cervix and uterine body is approximately the same as that of similarily located mesodermal tumors. The 2 mixed tumors of the cervix in my report

From the Henry Baird Favill Laboratory, St. Luke's Hospital, Chicago.

*With the exception of one from Passavant Memorial Hospital** the tumors were in surgical tissues examined at St. Luke's Hospital from 1920 through 1947. Descriptions of three*** of the tumors have been published.

**Permission to include this tumor was given by Dr. Augusta Webster.

***One was recorded by Kissler, G. H. "A Papillary Mixed Tumor of the Body of the Uterus". Am. Cancer, 16: 399, 1932., and two others were described by Peterson, A. J. "Mixed Tumors of the Uterus". J. Lab. and Clin. Med. 8: 369, 1923.

occurred at an average age of 59 years which is somewhat later in life than is usual[1] but the average age of patients with corpus tumors was 57.7 years, approximately the same as other authors have observed.[2] However, the ratio of incidence of corpus and cervical mesodermal tumors in the St. Luke's Hospital material is 7 to 1 and differs from the observations of most authors who have stated that the cervical are more common.[3] In an analysis of 94 tumors reported in the literature, Glass and Goldsmith in 1941[2] found 58 of the body and 36 of the cervix, a ratio of 1.6 to 1. Three of the 18 tumors of my report were in Negroes and 15 were in Caucasians which is roughly the proportion of hospital admissions of the two races. Of the 14 patients in the childbearing age or older with records, 7 were nulliparous, 5 were primiparous, and 2 were multiparous.

The most common symptom of mixed mesodermal tumors of the uterus is metrorrhagia. Fourteen of the 15 patients with uterine or vaginal tumors had metrorrhagia. Other complaints of less frequency were leukorrhea, suprapubic discomfort, urinary bladder distress, pruritis, anorexia, loss of weight and lower abdominal tenderness. The only physical finding of diagnostic aid was a palpable mass in the lower abdomen in 6 women, a polypoid mass protruding from the cervix or introitus in 2 patients with corpus lesions and in the 3 patients with cervical and vaginal lesions. Because if its hidden location, the adnexal tumor in the group caused no symptoms until well advanced and then only an indefinite lower abdominal pressure and discomfort. Among 11 patients with available menstrual records, 1 complained of irregularity of menses, and 2 had menorrhagia and metrorrhagia. Apparently menstrual difficulties are not significant with these tumors, but menopausal abnormalities are. Of 12 patients with fairly complete menopausal records, 6 had climacteric menorrhagia ormetrorrhagia. At best, the diagnosis of these tumors can only be suspected clinically on the basis of a rapidly growing, freely bleeding neoplasm. Any polypoid vaginal growth in childhood is almost pathognomonic. The diagnosis of mesodermal mixed tumors, of course, rests on the histological examination.

Because of the cancerous nature of most of these tumors, radical treatment is indicated. A gradual trend in recent years is toward complete hysterectomy and salpingo-oophorectomy followed by extensive radiation over the pelvic regions.



Figure 1. Photograph of a vaginal mixed mesoblastic tumor (sarcoma botryoides) in a Negress aged 21 months. Death occurred at the age of 26 months from extensive metastases.

The survival rate for patients with cancerous mixed mesodermal tumors is small. Only 2 patients living five or more years without metastasis or recurrence have been reported in the literature; von Franque[2] recorded 1 surviving ten years, and Hartfall[4] cited 1 surviving five years. Of 16 patients with cancerous mixed tumors, 6 were alive and well either at the time this record was written or at the last examination, an average survival for these patients of 38.3 months after the onset of symptoms and 35.5 months after the initiation of treatment. Two had local recurrences, and 8 were dead. Of the latter, 6 died of recurrent cancer, 1 of surgical complications and 1 of heart disease.

Pathology.—The site of origin of mixed mesodermal tumors has some importance in histogenesis ,that is, whether they arise from the wall of the uterus or vagina. Of the 4 tumors of

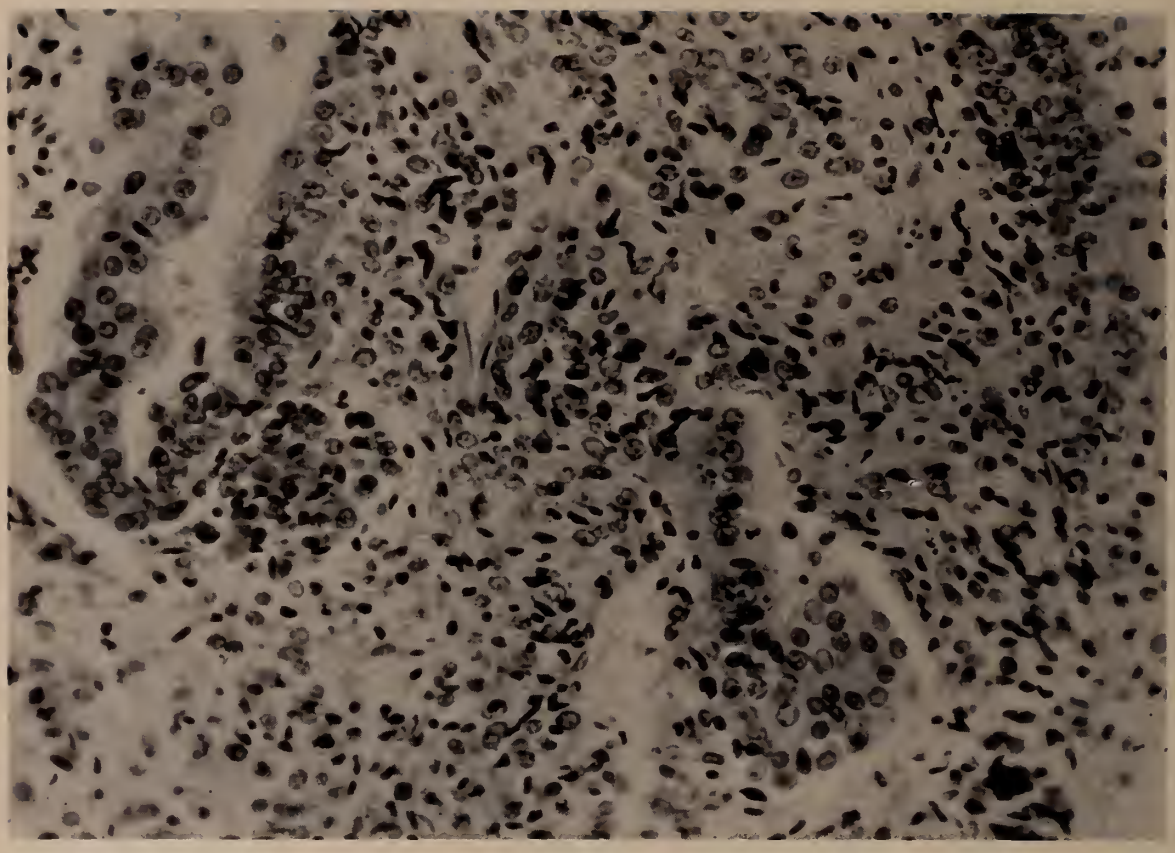


Figure 2. Photomicrograph illustrating a mixture of carcinoma and sarcoma tissues in one of the mixed tumors.

the uterine corpus whose origin could be determined, 1 was from the right lateral wall, another was from one cornu and 2 were in the midline. Both cervix tumors started on the posterior lip, and the vaginal tumor on the posterior vaginal wall.

Mixed tumors of the uterine body have a few characteristics which distinguish them grossly from other growths. The peritoneal surface of the uterus was smooth but nodular even in the large tumors. Extension into surrounding tissues or adherent abdominal viscera was frequent. Four of this series had polypoid growths, although several were too advanced to determine these characteristics. Some had large masses of fat. Frequently they had a grey fleshy appearance like sarcoma, and when of large size had yellow, red or brown soft necrotic regions. One tumor had cartilage grossly. In contrast, grape-like tissue structures are characteristic of many cervical and vaginal tumors and has resulted in the designation sarcoma botryoids.

Histology.—Mixed mesodermal tumors of the uterus contain several heterologous tissues. Although not a heterogenic genital tract tissue, carcinoma was the most frequent tissue. It consists of the usual masses of atypical gland-like or papillary structures with columnar epithelium or solid aggregates of cells without differentiation. The individual cells vary in size and contour and have large vesicular nuclei. Cells in mitosis were common. Because metastasis occurred with several, no doubt exists concerning the cancerous nature of the epithelial elements. The adnexal tumor had a papillary structure and this metastasized to several tissues, along with the cartilage.

Cartilage is the commonest heterotopic tissue reported in the literature, and the most frequent in this study (12 of 19 tumors). Most often distributed in small islands surrounded by spindle cells, the cartilage is immature and like that seen in newborn infants. Perstein[5] stated that he has seen a transition from spindle cells to cartilage. Kisler[6] placed considerable emphasis

on the multiple discrete foci of cartilage in his mixed tumor. This suggested a pluricentric origin of cartilage tissues either because of multiple foci of cartilage cells from which these foci developed or because growth stimuli acted on the connective tissues so that they differented into cartilage.

Fat tissues have been described in a number of tumors and occurred in 5 of this report, 3 cancerous and 2 benign. Microscopically they had the usual fat cells with fibrous stroma. Its presence in large amounts according to Petersen[7] favors the conclusion that the tumor is benign. Large or small spindle cell sarcoma tissues, embryonal or mesoblastic tissues, are present in many of the tumors and much discussion concerns whether they are myxomatous, edematous, or mesenchyma elements. Two corpus tumors and 1 cervical tumor in this series had these structures. An uncommon heterogenic tissue is bone.[7] Only two uterine body tumors had osteoid tissues.

An interesting heterologous tissue is the striated muscle which rarely is present in the uterus, and only in mixed tumors. Lebowich and Ehrlich[8] in a comprehensive survey of the mixed tumors found only 12 corpus tumors with striated muscle fibers. One tumor in my series had an occasional striated muscle cell found by careful search in sections stained with phosphotungstic acid and hemotoxylin. These cells had oval or round vesiculated nuclei, and the cytoplasm tapered into a long protoplasmic tail with cross striations and longitudinal fibrils. Similar cells were found at another hospital in the vaginal tumor and also in the metastasis. No patient with a mixed mesodermal tumor of the female genital tract containing striated muscle cells has survived for long. One in this group died 18 months after the onset of her symptoms, and the other had an extensive local recurrence.

Glass and Goldsmith[2] found only 9 mixed mesodermal tumors associated with fibromyomas. Four of the corpus neoplasms among the 19

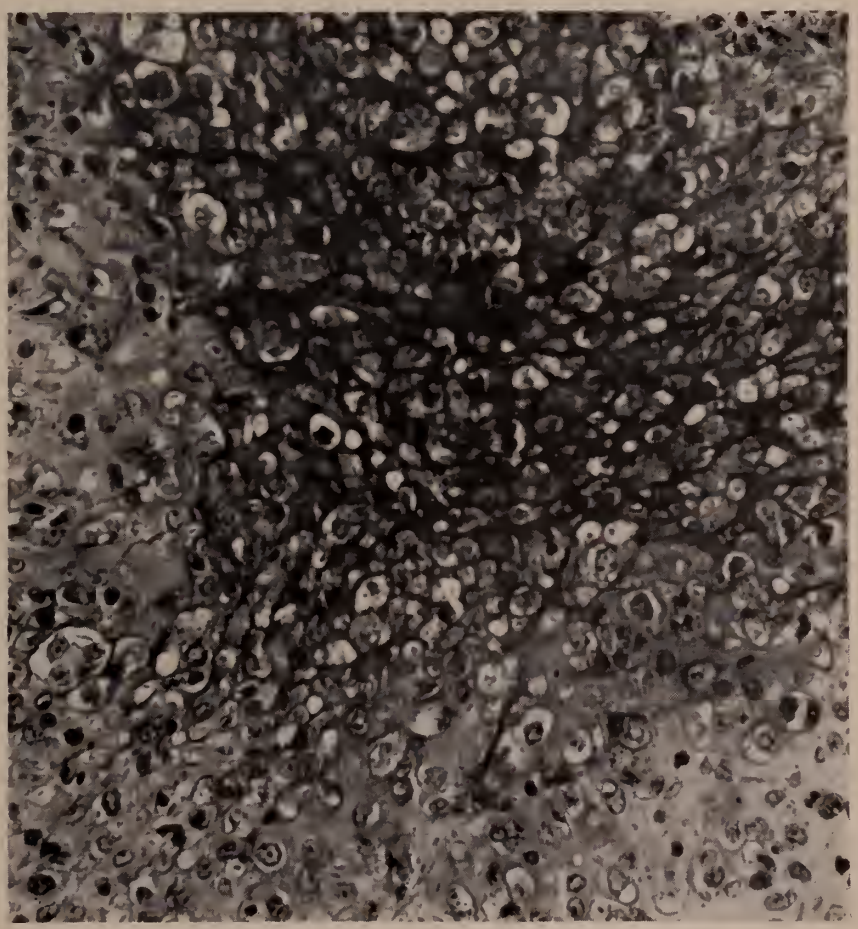


Figure 3. Photomicrograph illustrating the structure of the cartilage tissues observed in mixed tumors of the uterus.

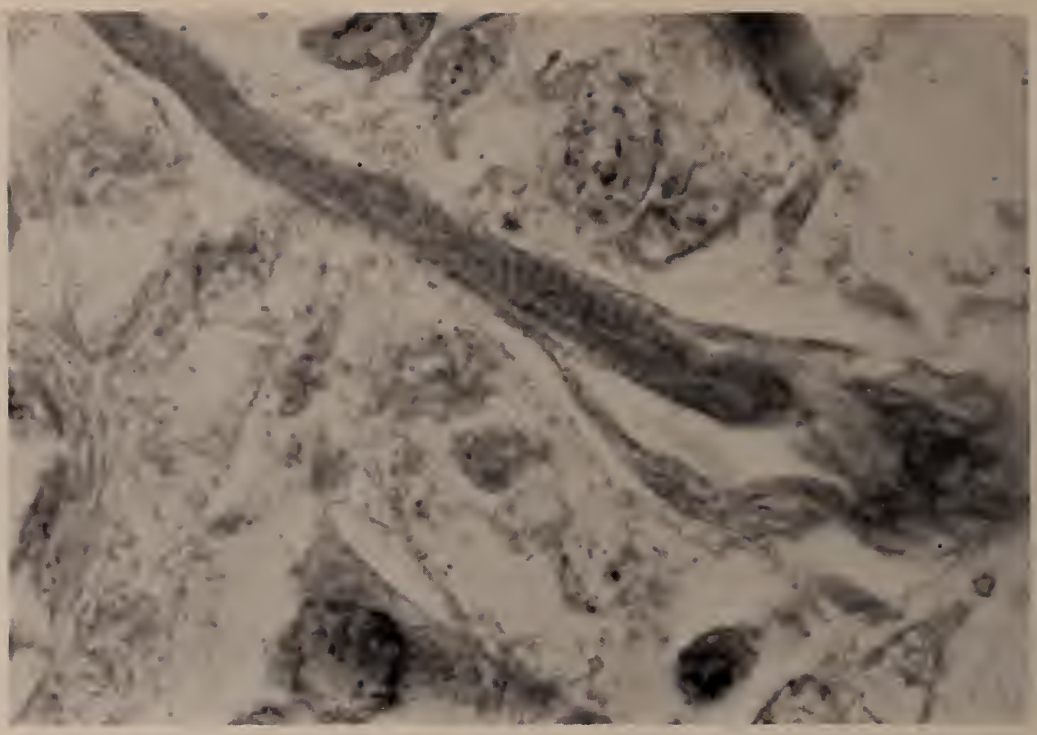


Figure 4. Photomicrograph illustrating a rhabdomyosarcoma fiber.

patients in my group were associated with fibromyomas of the body. One cervical tumor was associated with fibromyomas and the other tumor was in a cervical stump which remained after the corpus containing fibromyomas had been removed eleven years before.

A thorough search of the medical literature reveals only 1 ovarian metastasis[9] reported as such and probably another[10] although not specifically reported. Among the tumors included in this paper are 2 with ovarian metastasis, 1 with metastasis of the carcinoma elements, and the other with both cartilage and carcinoma elements. Of the 18 metastatic lesions which occurred with 10 of the tumors, 12 were carcinoma tissues and 1 also had cartilage. Mixed mesodermal tumors recur locally.

Terminology.—According to Perlstein[5] the first mixed tumor of the uterus was reported in 1854 by Wagner as chondrosarcoma. Since then most tumors have been reported on the basis of their histological structure as carcino-chondro-myxo-fibro-rhabdo-myo or leio-myo-sarcoma. This terminology is not satisfactory because every mixed tumor does not have all of these constituent tissues and most of them have undifferentiated cells not identified as of a particular tissue.

In 1892, Pfannenstiel published a report on mixed tumors entitled "Das traubige Sarcom der Cervix uteri"[11]. Following this, English and American writers described these neoplasms as botryoid sarcoma from their grape-like appearance. Several reasons for the formation of these grape-like masses have been advanced such as edema or torsion of polyps and rapid growth in a preformed cavity like the vagina[7]. However, the fact that tumor tissues which have invaded adjacent regions and the metastases only rarely[8] have the grape-like structure, indicates that this is no characteristic quality.

Wilms did much to clarify the confusion of names in his monograph "Mishgeschwülste" published in 1899[12] on urogenital tumors, and Kehrer[8] in 1906 advised the use of the term mesodermal tissue structure, and the relationship to the possible origin of these tumors from embryonal mesodermal residues. As Meikle[15] stated, such a name would include also those tumors containing glandular and epithelial elements because the lining of the uterus is derived from mesoderm. Duggan[14] disagreed with this opinion because he believed that the glandular epithelial elements are not necessarily mesodermal in origin. He considered the name "mixed

tumors" more accurate and sufficiently descriptive. Long usage of the term originated by Kehrer and the good reasons given for its use make the name mixed mesodermal tumor preferable when applied to neoplasms containing tissues heterologous to the female genital tract.

Histogenesis and Etiology.—No accepted hypothesis has been advanced to explain the occurrence of tumors having such a wide variety of heterologous tissue constituents in the uterus. Pfannenstiel[11] proposed that the connective tissue of the uterus by a process of metaplasia and growth instituted by an undetermined cause, resulted in the various heterologous components of these neoplasms. This idea has few adherents.

Wilms[13] advanced a theory based essentially upon Cohnheims' hypothesis of cell rests. He maintained that the tumors spring from rudiments of primitive mesodermal tissue displaced by the downward movement of the Wolffian body early in embryonal development. The complex histological structure of the tumors and the complicated embryological formation of the urogenital system favor such an interpretation. However, this view is somewhat clouded by the absence of skeletal muscle along the Wolffian system, and the failure of these mesodermal tumors to occur along the course of the Wolffian duct outside of the uterus.

When the site of origin of a mixed tumor has been possible to determine, this has been most often in the posterior midsagittal plane, occasionally in the anterior midsagittal plane, and infrequently in the lateral wall of the uterus or vagina[13], a location somewhat removed from the course of Gaertner's duct. Of the 7 tumors in which the origin could be determined in my series 2 arose from the lateral wall and 5 from the midsagittal plane of the uterus and vagina, 1 anteriorly, 1 in the fundus, and 3 posteriorly.

A plausible variation of Wilms theory advanced by Mönchеberg, Kehrer, and Lahn, and quoted by Lebowich and Ehrlich[8] is that the cell rests occur as a result of the fusion of the Mullerian ducts in which the fusion line is the ultimate anterior and posterior midsagittal planes of the uterus and vagina. This variation would explain more satisfactorily the origin of most mixed tumors in the anterior or posterior portions of the uterus, cervical lip, or vagina. A combination of these variations of Wilms' theory is the most likely explanation, i. e. an origin from embryonal cell rests, both along Gaertner's duct and along the fusion line of the Mullerian duct. At present it is impossible to explain why these cell rests are dormant in the uterus for several decades and then become cancerous.

SUMMARY

Of 19 mixed mesodermal tumors of the female genital tract presented, 15 were of the corpus uteri, 2 were of the cervix, 1 was of the vagina, and 1 was of the adnexa.

Generally the vaginal tumors occur in infants or children, the cervical in women in active menstrual life, and the corpus tumors in women after the menopause. Race and menstrual irregularity had no significance in diagnosis. Most patients were nulliparous or primiparous. Most of the patients had excessive or abnormal menopausal or postmenopausal vaginal bleeding. Treatment has gradually evolved to radical surgery followed by x-ray therapy, but the prognosis is grave.

The final diagnosis is made on the presence of tissues heterologous to the female genital tract, such as cartilage, striated muscle, bone, fat, or other characteristic mesoblastic tissues. Most patients had local recurrence or metastasis. The best term for these neoplasms seems to be mixed mesodermal tumor. A combination of the theories of origin from cell rests along the fusion line of the Mullerian and Gaertner's ducts best explains the histogenesis.

REFERENCES

1. Shaw, W. J. Mixed tumors of the uterus and vagina. J. Obst. and Gynaec. Brit. Emp. **35**: 498, 1928.
2. Glass, M. and Goldsmith, J. W. A review of ninety-four mixed mesodermal tumors of the uterus. Am. J. Obst. and Gynec. **41**:309, 1941.
3. Wiener, S. Mixed cell tumor of the uterus. Am. J. Obst. and Gynec. **8**:211, 1924.
4. Hartfall, S. J. Chondrosarcoma of the uterus. J. Obst. and Gynaec. Brit. Emp. **38**:593, 1931.
5. Perlstein, I. Mesodermal mixed tumors of uterus. Surg., Gynec. and Obst. **28**:43, 1919.
6. Kistler, G. H. Papillary mixed tumor of the body of the uterus. Am. J. Cancer. **16**:399, 1932.
7. Petersen, A. J. Mixed tumors of the uterus. J. Lab. and Clin. Med. **8**:369, 1923.
8. Lebowich, R. J. and Ehrlich, H. E. Mesodermal mixed tumors of the corpus uteri. Surgery **10**:411, 1941.
9. Nicholson, G. W. Multiple mesodermal mixed tumors of the uterus. Guy's Hosp. Rep. London **69**:173, 1918.
10. Liebow, A. A. and Tenant, R. Mesodermal mixed tumors of the body of the uterus. Am. J. Path. **17**:1, 1941.
11. Pfannenstiel Das tranbige Sarkom der Cervix uteri. Virchows Arch. **127**:305, 1892.
12. Wilms, M. Die Mishgeschwülste, Heft 2 Leipzig, Georgi, 1900.
13. Meilke, G. J. Mesodermal mixed tumors of the uterus. J. Obst. and Gynaec. Brit. Emp. **43**:821, 1936.
14. Duggan, A. R. H. Mixed tumors of the uterus. M. J. Australia **1**:612, 1939.

NEWS OF THE STATE



COOK

Dr. Ratner of Loyola Named to Oak Park Health Post.—Dr. Herbert Ratner, Oak Park, associate in public health and bacteriology and director of student health, Stritch school of Medicine of Loyola University, was recently appointed temporary full-time health commissioner of Oak Park. Dr. Ratner will serve until November 15.

Branch Meeting.—At a meeting of the North Side Branch of the Chicago Medical Society, October 27, the speakers were Dr. Charles Lee Buxton, associate professor of obstetrics and gynecology, Columbia University College of Physicians and Surgeons, New York City, on "Etiology and Therapy of Abnormal Uterine Bleeding" and Dr. Robert S. Hotchkiss, professor of urology, New York University College of Medicine, on "Types of Hypogonadism in the Male and Their Treatment."

Mercy Hospital Meeting.—The Mercy Hospital Internes and Residents Alumni Association will hold their annual meeting, Saturday, October 22, following the American College of Surgeons convention. Wet and Dry Clinics will be held Saturday morning at Mercy Hospital followed by a business meeting and luncheon at the hospital. There will be an informal dinner dance in the Grand Ballroom of the Blackstone Hotel. Cocktails will be at 6 p.m.

Gift to Support Epilepsy Clinic.—The Junior League of Chicago has awarded a gift in the amount of $13,000 to the University of Illinois Research and Educational Hospitals for the purpose of maintaining and operating the Consultation Clinic for Epilepsy.

The gift covers a period of one year. It represents the continuation of support of the clinic by the Junior League.

More than 1,000 patients have been seen in the clinic since it was established in 1946. Support for the clinic also has been provided by the Division of Rehabilitation of the State Department of Public Welfare, and the Division of Special Services for Crippled Children.

The clinic represents a pioneer project which is designed to provide better care for epileptics throughout the state. Dr. Frederic A. Gibbs is director of the clinic.

Dr. Wright Adams Given New Post.—Dr. Wright Adams, professor of medicine and associate dean of the division of biological science at the University of Chicago, has been appointed chairman of the department of medicine at the Midway university.

He will succeed Dr. Lowell T. Coggeshall, who resigned as chairman of the department of medicine July 1 to devote full time to his post as dean of the division of biological sciences and to his research work in internal medicine and tropical diseases.

Dr. Adams, a member of the cardiac department of the University of Chicago Clinics since his appointment to the university in 1930, will resign as associate dean of the division.

Federal Grant for Heart Research.—The $485,000 grant from the Federal Security Agency, through the National Heart Institute of the Public Health Service, will enable the University of Chicago to

start on its planned project for extensive expansion of facilities for research on heart disease, Dr. Lowell T. Coggeshall, dean of the division of the biological sciences, said recently. With the government grant it will be possible to add two floors for patients' beds and laboratories for study of heart disease to one of the three new general research hospitals which the University has in the blueprint stage for its medical center. These buildings are in addition to the $2,250,000 Nathan Goldblatt Memorial for study of cancer, now under construction and the $3,500,000 Argonne Cancer Research Hospital of the Atomic Energy Commission, to be started shortly. The two floors will provide 24 patient beds for teaching and research, and 12 beds under conditions which will permit control of such factors as oxygen content, temperature, and humidity for special types of investigation. In addition, some urgently needed laboratory space will be provided.

Private Funds for Steam Plant.—Gov. Adlai Stevenson recently announced that private capital has been enlisted to provide steam service to institutions in the Chicago Medical Center District, thereby saving tax funds which had been sought for that purpose.

A new corporation, the Medical Center Steam Company, has been organized to provide the service to the University of Illinois and other institutions in the 300-acre district which desire such service.

The State Department of Public Health and Loyola University already have expressed a desire for this service. The Veterans Administration also has indicatd that it plans to use the service for its new 500-bed general hospital which will be erected on Polk and Taylor streets, south of Damen avenue. The operations of the Medical Center Steam Company will be conducted by the Commonwealth Edison Company on a non-profit, service-at-cost basis.

New Hospital Affiliations for Illinois. — The Baptist Home and Hospital of Maywood has been granted an association with the University of Illinois College of Medicine, Dean John B. Youmans has announced.

The association has been formed for the purpose of strengthening the medical services of the Home, and for developing a program of study into the nature of the aging process and measures designed to delay and alleviate it. The service will be available for resident training.

Dr. Sanford A. Franzblau, an instructor in internal medicine at the University, has been appointed medical director for the Baptist Home and Hospital.

Dr. Franzblau said that a five-point development program would be undertaken. Objectives include the installation of the latest facilities for patient care including diagnostic laboratory facilities and the establishment of a complete system of medical records.

Other objectives are the development of an up-to-date geriatrics nursing service under the supervision of registered nurses, the institution of special therapeutic diets suited to the needs of individual patients, and the establishment of carefully-controlled investigations into special problems of medical care in older people.

Research on Betatron.—The U. S. Public Health Service has awarded a grant in the amount of $15,000 to the University of Illinois College of Medicine in support of research studies involving the 22-million volt betatron. The grant will be used specifically for the study of the effects of the betatron x-ray beam on bone and cartilage. The study is under the supervision of Dr. Roger A. Harvey of the deparment of radiology and Dr. G. A. Bennett of the department of pathology. The betatron is an instrument of high energy x-rays and electrons invented by Prof. Donald W. Kerst of the University of Illinois. Use of the betatron was focused on industrial x-ray work during the war. The University's College of Medicine was the first to receive the instrument for use in cancer treatment and research. Research studies have been conducted since its installation six months ago, and preparations now are being made for the treatment of patients late this month.

Faculty Changes at Illinois.—Dr. Theodore Cornbleet and Dr. Theodore J. Wachowski have been promoted to the rank of professor at the University of Illinois College of Medicine, it has been announced by Dean John B. Youmans.

Dr. Cornbleet, who formerly held the position of associate professor in dermatology, received the degrees of bachelor of science and doctor of medicine at the St. Louis University School of Medicine. Prior to coming to the University of Illinois in 1926, Dr. Cornbleet was on the staff of Washington University.

Dr. Wachowski, who formerly held the position of associate professor in radiology, received the degrees of bachelor of science and doctor of medicine at the University of Illinois College of Medicine. He has been on the staff of the University since 1932.

Dr. Youmans also announced the promotion of eleven assistant professors to the rank of associate professors.

Faculty members who have been promoted to the rank of associate professors are Dr. Gustav L. Zechel and Dr. James C. Plagge, department of anatomy; Dr. Anron B. Kendrick, Dr. Louis R. Limarsi, and Dr. Fredrick C. Lendrum, department of medicine; Dr. Paul H. Holinger, Dr. Maurice F. Snitman, and Dr. Marvin J. Tamari, department of otolaryngology; Dr. Maurice Lev and Dr. Lester S. King, department of pathology; and Dr. John J. Fahey, department of orthopaedic surgery.

New Enrolees High in Scholastic Average.—Scholastic averages of 166 students who were selected for enrollment in September in the University of Illinois College of Medicine are the highest of any class in the school's sixty-two-year history.

Examiner and Recorder George R. Moon said that almost all of the first-year students have scholastic records of 88 percent or above for the three years of pre-medical studies.

Three students who did not have averages of 88 percent were admitted under the provisions of a recent agreement between the University and the Illinois Agricultural Association and the Illinois State Medical Society. The program is designed to train students who have agreed to practice in areas of the state which have been critically short of physicians.

Moon said that the University would be able to accommodate only one out of every four qualified applicants who sought admission to the first-year class in medicine.

Applications were received from 596 students whose scholastic records placed them above the minimum qualifications set by the University of Illinois Board of Trustees. Many other applications also were received.

Despite the great demand for admission, the University will be unable to increase its enrollment in medicine until additional hospital, laboratory, and classroom facilities are available.

Moon pointed out that the individual classes in medicine at the University of Illinois already are the largest of any school in the country.,

All applicants who have been accepted for admission are residents of Illinois. Exactly half of those selected live in Cook County, while the remaining half are from downstate areas—in ratio with the population of the state.

Ninety-seven of the 166 students accepted are veterans. Ten women also are included in the class

Factors in the selection of students, in addition to scholarship, were the results of a professional aptitude test supervised by the Association of American Medical Colleges, recommendations from science teachers and pre-medical counselors, ratings on interviews with at least two members of the faculty of the College of Medicine, and a physical examination.

University News.—Dr. Aldo A. Luisada, Tufts College Medical School, has been appointed to the staff of The Chicago Medical School as assistant professor of medicine and program director of cardiology. Dr. Luisada is a graduate summa cum laude of the Royal University of Florence Medical School. He has held a number of professorial posts in Italian universities and in this country. Dr. Luisada has written 129 scientific publications, several monographs and two books on heart disease in general. These have been translated into Spanish and Italian.

University News.—Dr. Nicholas Stefan Halmi, Hungarian scientist who escaped the Iron Curtain to accept an appointment to the University of Chicago anatomy department last year, arrived in Chicago recently for the autum quarter of the Midway university. Dr. Halmi, one of 25 Hungarians who fled from their Soviet-dominated nativeland by plane from Pecs, Hungary, to the American zone of Germany last January 4, arrived in New York City this week aboard the Sobieski. Dr. Halmi, 27, left Cannes, France, August 4, to assume the teaching post the Midway university offered in 1948 when Dr. Halmi was still in Budapest. At the University of Chicago, Dr. Halmi will serve as an instructor in anatomy. Dr. Halmi, who has specialized in research in the anatomy of the nervous system and the endocrine glands, was on the faculty of the Anatomical Institute of the University of Sciences at Pecs, Hungary, from September, 1947 to January, 1949. From 1945 to 1947, Dr. Halmi was associated with the department of anatomy at the Metropolitan New St. John's hospital. Dr. Halmi received a doctor of medicine degree with highest honors from the Peter Pazmany University at Budapest in July, 1947, and interned and taught at St. John's Hospital. A native of Budapest, Dr. Halmi entered the United States on a non-quota visa issued by the United States consulate general at Munich.

Community Health Class.—Current problems in community health from the city, state, national and international viewpoint will be discussed in an autumn quarter class at University College, 19 South La Salle street, downtown center of the University of Chicago.

Voluntary and compulsory insurance plans, the state industrial health and mental hygiene programs, and the world health organization will be outlined in the sessions which open October 4. The series includes seven Tuesday evening meetings at 7:30 p.m. in the Woodrow Wilson room of the Lakeview Building (116 South Michigan avenue).

Dr. Ernest Irons, president of the American Medical Association, will discuss "General Principles Underlying Welfare Efforts" on October 18.

Other speakers for the series include Robert E. Merriam, alderman from the fifth ward, Chicago; Fred Hoehler, director of the state department of public welfare; Alton A. Linford, associate professor of social service administration, University of Chicago; Dr. Frederick Slobe, chairman of the Chicago Medical Society committee on industrial health; and Louise Leonard Wright, director of the Chicago Council on Foreign Relations.

Lectures on Atomic Energy.—A series of lectures on the relation of atomic energy to biology and medicine will be held at The Chicago Medical School on Wednesdays beginning October 12 through November 30 at 1 p.m. The series is open to the public. The lectures will cover the physical principles of radiation, the effects and uses of radiation and protection against and cure of its effects. Included in the series will be two motion picture films on the Bikini atom bomb experiment. The series is as follows:

October 12. "Radioactive Isotopes: Applications to Medicine" Dr. W. F. Libby, professor of

chemistry, Institute of Nuclear Studies, University of Chicago.

October 19. 'Radioactive Isotopes in Biological Research", Dr. A. R. Goldfarb, instructor in biochemistry, The Chicago Medical School.

November 2. "Operation Cross Roads" (Motion Pictures) Commander C. A. Erickson (SEC) U. S. Navy.

November 9. "Patho-Physiological Effects of Radiation", Dr. Elizabeth Painter, assistant professor of physiology University of Illinois College of Medicine.

November 16. "Medical Uses of Radioactive Isotopes" Dr. Leonida Marinelli, associate director, Health Physics Division, Argonne National Laboratory, Chicago.

November 30. "Nature and Therapy of Radiation Sickness" Dr. A. M. Brues, director, Biological Division Argonne National Laboratory, associate professor of medicine, University of Chicago School of Medicine.

The series has been arranged by Dr. Piero P. Foa, associate professor of physiology and pharmacology, The Chicago Medical School, and chairman of the Journal Club and Science Committee. The various lectures will be published for distribution at the conclusion of the series.

Personal.—Dr. Karl A. Meyer, professor of surgery, Northwestern University Medical School, participated in the Southwestern Surgical Congress in Houston, Texas, September 26-28.—Dr. Meyer Perlstein, Chicago discussed "Drug Therapy in Epilepsy" before the University of Utah School of Medicine in Salt Lake City, October 1. Dr. Perlstein will also hold a Cerebral Palsy Clinic in Battle Creek, Michigan, for the Michigan Society for Crippled Children, October 18-20.—Professor William H. Taliaferro. chairman of the department of bacteriology and parasitology, University of Chicago School of Medicine, was recently made honorary fellow of the Royal Society of Tropical Medicine and Hygiene of London.—Dr. Leon Unger, Chicago, has returned from a trip to Great Britain and Ireland. While there, he addressed the British Medical Association at Harrogate on "Nasal Allergy"; the British Association of Allergists at Cardiff, Wales, and the Institute of Microbiology, London, on "Bronchial Asthma"; and the Association of Hospitals in Oxford on "Migraine."

Climate Room.—A climate room, varying in temperature from the cool crisp 50's to the dripping heat of the tropics, has been built for eclampsia research at Chicago Lying-in Hospital and Dispensary of the University of Chicago.

A weatherman's "dream room," the climate room, with controlled temperature and humidity, was built to aid eclamptic patients whose convulsions and coma may result because of a change in the weather.

Chicago Lying-in hospital's eclampsia program, one of the most extensive studies ever undertaken of eclampsia and the symptoms foreshadowing it, is being conducted by Dr. William J. Dieckmann, chief-of-staff and Mary Campau, professor of obstetrics and gynecology.

The study, accelerated by a $381,000 fiftieth anniversary gift to Lying-in by Chicagoans in 1945, is leaving no facets unturned to determine the cause and treatment of the disease which exacts the life of 13 out of every 100 eclamptic pregnant women in the United States.

DU PAGE

Dr. Radner Named Medical Chief.—Dr. David B. Radner has been appointed medical director of Winfield Hospital, Du Page County, succeeding Dr. Edwin R. Levine, who resigned the position held for five years to return to private practice. Dr. Radner also will head the chest department of Michael Reese Hospital.

MORGAN

Society News.—The Morgan County Medical Society held a meeting September 8 at the Morgan County Tuberculosis Sanatorium. The speakers on the program were as follows: Dr. Henry A. Sweany, medical director of research, City of Chicago Municipal Tuberculosis Sanitarium, on "Pathology of Tuberculosis After Streptomycin Therapy" and Dr. Eugene T. McEnery, Chicago, clinical professor of pediatrics, Stritch School of Medicine of Loyola University, on "Treatment of Streptomycin in Children with Tuberculosis."

PEORIA

Society News.—Dr. John I. Brewer, Chicago, addressed the Peoria Medical Society, September 20, on "Pelvic Pain."

RANDOLPH

Society News.—Dr. W. W. Fullerton, Steeleville, was recently elected president of the Egyptian Regional Chapter of the Illinois State Chapter of the American Academy of General Practice. Other officers are Dr. John A. Legier, Carmi, vice president; Dr. Norman Albert, Johnson City, secretary-treasurer and Dr. B. E. Montgomery, Harrisburg, chairman of the board of directors.

ROCK ISLAND

Society News.—"Recent Advances in Vitamin Therapy" was the title of a discussion by Dr. William Bean, professor and head of the department of internal medicine, State University of Iowa College of Medicine, before the Rock Island County Medical Society, September 13 at the East Moline State Hospital.

SANGAMON

Fifty Year Members.—At the September 1 meeting of the Sangamon County Medical Society the Fifty Year Emblem and Certificate of the Illinois State Medical Society were presented to Drs. Fred O'Hara, Walter S. Taylor and Arthur L. Hagler, all of Springfield. The presentation was made by Dr. Ralph P. Peairs, Councilor of the Fifth District.

Personal.—Dr. Darrell H. Trumpe, medical director of St. John's Sanitarium, Springfield, was elected president of the Illinois Chapter of the American College of Chest Physicians at a recent meeting.

Society Election.—New officers of the Sangamon County Medical Society include the following: Dr. James Graham, president; Dr. Nathan Rosen, vice president; Dr. William DeHollander, secretary-treasurer; Dr. Darrell H. Trumpe, and Dr. Kenneth Schnepp, delegates to the Illinois State Medical Society; Dr. Jacob E. Reisch and Dr. Marvin J. Salzman, alternates; and Dr. P. V. Dilts and Dr. Nelson H. Chesnut, board of directors.

WARREN

Personal.—Dr. Harold M. Camp, Monmouth, Secretary of the Illinois State Medical Society, lectured at the McCormick Theological Seminary, Chicago, at a dinner meeting, August 24 on "Rural Medical Service."

WILL-GRUNDY

Physicians Honored.—Dr. Grant Houston and Dr. Earl Steen, both of Joliet, were recently awarded membership in the Fifty Year Club of the Illinois State Medical Society. The presentations of the Fifty Year emblems and certificates were made by Dr. Edwin S. Hamilton, Kankakee.

WILLIAMSON

Dr. Burkhart Day.—Dr. V. H. Burkhart, who has practiced in Hurst for thirty-seven years, was honored August 25 when "Dr. Burkhart Day" was observed. The public demonstration was sponsored by the local Lions Club and tags bearing the boastful declaration that "I am a Burkhart Baby" were worn for the occasion. Dr. Burkhart is a former mayor of the town of Hurst.

GENERAL

New Hospital Public Relations Group.—Formation of the Chicago Hospital Public Relations Association composed of public relations directors of Chicago hospitals was announced recently.

A semi-formal organization, the new group has three major objectives:

1) To promote a common ground on which hospital public relations people may discuss problems and exchange information on activities and policies;

2) To promote a closer working relationship with press, radio, and all other media of communication;

3) To promote better understanding of the problems and scope of hospital public relations by hospital administrative staffs and the medical and nursing profession.

Officers chosen to head the association are: Mrs. Germaine Febrow, St. Luke's Hospital, President; Scott Jones, Wesley Memorial Hospital, Vice-President; Neola Northam, Children's Memorial Hospital, Secretary-Treasurer; Mrs. Florence Hyde, Presbyterian Hospital, Membership Chairman; C. Lincoln Williston, University of Illinois Hospital, Program Chairman.

The association will meet every other month. Program plans call for panel discussions on such subjects as medical and hospital publicity ethics, press relations, and the press code. Representatives from the medical and hospital profession and the press will be invited to participate.

Representatives from the following Chicago hospitals were present at the organizational meetings: St. Luke's, Wesley Memorial, Passavant, Children's Memorial, Presbyterian, Billings, University of Illinois and Grant.

Dr. A. C. Ivy, Vice-President of the University of Illinois in charge of Chicago professional schools, will address the asociation and its guests September 7 at the Presbyterian Hospital. His subject will be "Medical Education of the Public".

DEATHS

Dr. Andrew Hugh Beltz, Eldorado, who graduated at Bennett College of Eclectic Medicine and Surgery in 1914, died August 15, aged 75. He had practiced medicine in Eldorado since 1917.

Gustavus M. Blech, Chicago, who graduated at Barnes Medical College, St. Louis, Mo., in 1894, died August 9, aged 78. He was a retired colonel of the army medical corps.

Hugh F. Bowers, Belleville, who graduated at St. Louis University School of Medicine in 1941, died August 18, aged 33, of a heart attack.

John Howard Bryant, Galesburg, who graduated at Northwestern University Medical School in 1903, died in North Hollywood, California, August 13, aged 72. He had practiced medicine in Galesburg about 42 years before moving to California 4 years ago.

Alger Arthur Clark, Des Plaines, who graduated at the University of Illinois College of Medicine in 1916, died August 1, aged 58.

Hilding Walfred Erickson, Newark and Joliet, who graduated at Loyola University School of Medicine in 1927, died August 11, aged 53, following a brief illness.

Robert Elliott Graves, Chicago, who graduated at the Hahnemann Medical College and Hospital, Chicago, in 1904, and Rush Medical College in 1907, died July 2, aged 72, of pulmonary tuberculosis and uremia.

John Curtis Griffith, Bushnell, who graduated at Rush Medical College in 1896, died suddenly of a heart attack, August 10, aged 77.

William Benjamin Hanelin, Chicago, who graduated at the College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, 1906, died July 23, aged 70, of coronary thrombosis.

John Franklin Henderson, Oakland, who graduated at the University of Illinois College of Medicine in 1911, died August 25, aged 68.

Morris L. Hershman, Chicago, who graduated at Chicago College of Medicine and Surgery in 1917, died September 8, aged 60. He was a member of the staff of Garfield Park Community Hospital.

Edmond Arthur Holberg, Chicago, who graduated at Northwestern University Medical School in 1907, died August 4, aged 66.

Thomas Arthur Johnson, Rockford, who graduated at Rush Medical College in 1911, died August 7, aged 63, following a heart attack.

Anna M. Hennessy Kinder, LaSalle, who graduated at The Hahnemann Medical College and Hospital, Chicago, in 1904, died August 2, aged 67. She had practiced medicine in LaSalle for 43 years.

Nathaniel Benjamin Lans, Chicago, who graduated at the University of Illinois College of Medicine in 1924, died recently, aged 56. He was a member of the surgical staff of Grant Hospital.

Abraham J. Levy, Dixon, who graduated at Northwestern University Medical School in 1930, died August 26, aged 52. He had been health officer at the Dixon State Hospital for the last six years.

Frederick J. Riley, retired, Chicago, who graduated at Barnes Medical College, St. Louis, in 1901, died August 6, aged 73. He was a member of the Health Department staff for 25 years.

Mitchell M. Sellett, LaSalle, who graduated at Loyola University School of Medicine in 1922, died August 21, aged 53.

Earl A. Soule, East Moline, who graduated at The Hahnemann Medical College and Hospital, Chicago, in 1901, died August 9, aged 72.

John Rudolph Vahlteich, retired, Chicago, who graduated at Rush Medical College in 1899, died in New Jersey, July 9, aged 84 of coronary thrombosis.

Henry Jarrison Vaupell, retired, Chicago, who graduated at Rush Medical College in 1897, died August 29, aged 73.

FOR THE COMMON GOOD

Health Talk Televised on WGN-TV.—Since the last issue of the Illinois Medical Journal, the following telecasts have been presented:

Samuel G. Plice and Charles W. Pfister, Chicago, August 17, How's Your Blood Pressure, showing the manner in which blood pressure was originally determined, different types of blood pressure equipment and an explanation of the meaning of the pressure itself.

Morris Friedell and Fenton Schaffner, Chicago, August 24, Radioactive Research in Medicine, demonstrating the meaning of radioactive isotopes, the demonstration of Geiger counters, the register. Patients were used to show the progress of radioactive iodine through the body.

George Wiltrakis, Richard Graff, Peoria, and Dr. Van Dellen, September 7, the "Old" Look in Mental Care, in which obsolete equipment used for the treatment of mentally ill persons was exhibited by the staff of the Chicago Office of the Illinois State Medical Society.

H. Worley Kendell and Louis B. Newman, Chicago, September 14, Building a New Life, in which two paralegia from Veterans Administration, Hines, displayed the basic and progressive steps in rehabilitation and vocational therapy.

Lectures Arranged Through the Educational Committee of the Illinois State Medical Society:

Edwin F. Hirsch, Roundtable on Euthanasia before the YMCA Association of Chicago, September 26.

I. Michael Levin, Frederic Chopin PTA in Chicago, October 6, on Problems of Parenthood.

Ralph Spaeth, Forest Ridge Woman's Club in Oak Forest, October 19, on Trying to Understand the Adolescent.

P. V. Dilts, Springfield, Menard County Branch of the Association of University Women in Athens, October 18, on Arthritis.

Joan Fleming, Lakeview Woman's Club in Chicago, November 1, on Mental Attitudes in Health.

Lawrence Breslow, Chicago, Frederic Chopin PTA in Chicago, November 3, on Understanding the Adolescent.

Theodore R. Van Dellen, Chicago, Woman's Auxiliary, West Side Branch, Chicago Medical Society, November 18, on Television Medicine.

Irving Steck, Chicago, Gage Park Woman's Club, November 8, on Arthritis.

Harry J. Dooley, Oak Park, Norwood Park PTA, November 15, on Sex Hygiene in Grammer School.

Lectures Arranged Through the Scientific Service Committee: Everett P. Coleman, Canton, Illinois Chapter, American Academy of General Practice in Peoria, October 10, on Tumors of the Thyroid.

Kurt Glaser, Chicago, Knox County Society in Galesburg, October 20, on Poliomyelitis.

Arthur J. Atkinson, Chicago, St. Clair County Medical Society in East St. Louis, November 3, on Management of Peptic Ulcer.

Israel Davidsohn, Chicago, La Salle County Medical Society and the North Central Illinois Medical Association, November 3, on Blood Transfusions: Indications, Contra-Indictions and Untoward Reactions, illustrated.

E. Harold Ennis, Springfield, Henry County Medical Society in Kewanee, November 10, on Rh Factor.

Charles N. Pease, Chicago, Iroquois County Medical Society in Watseka, November 15, on Low Back Pain.

Warren H. Cole, Chicago, Macon County Medical Society in Decatur, November 15, on Gallbladder Disease, illustrated.

George Byfield, Chicago, Effingham County Medical Society in Effingham, November 17, Some Problems in the Diagnosis and Treatment of Undulant Fever.

Samuel M. Feinberg, Chicago, DeKalb County Medical Society in DeKalb, November 22, on Allergy: Accomplishments, Limitations and Aspirations.

Norris J. Heckel, Chicago, McDonough County Medical Society in Macomb, November 25, on Hematuria, illustrated.

Lindon Seed, Chicago, Sangamon County Medical Society in Springfield, December 1, on Present Treatment of Thyroid Disease.

Postgraduate Conference for Mount Vernon.—A postgraduate conference has been arranged for the Ninth Councilor District at the Enmerson Hotel, Mount Vernon, October 26, with Dr. Charles O. Lane, West Frankfort, Councilor of the District, presiding.

Chicago speakers include:

Harry M. Hedge, Dermatology as Seen by the General Practitioner.

Archibald Hoyne, Poliomyelitis.

Robert S. Berghoff, Coronary Disease.

Harold M. Camp, The Fight is Not Over.

Eugene M. Hamilton, Fundamental Principles in the Care of Fractures.

Charles D. Krause, Threatened Abortion.

A roundtable discussion will conclude the afternoon program. Following dinner, Dr. Walter Stevenson, Quincy, President of the Illinois State Medical Society, will give a few remarks on the society's activities and deliver a scientific presentation entitled "Squint, a Medical and Economic Problem."

A luncheon will open the day's program with the Jefferson-Hamilton County Medical Societies acting as host. The program was arranged through the Postgraduate Education Committee of the Illinois State Medical Society, of which Dr. Berghoff is Chairman and George Hellmuth, Chicago, Vice Chairman.

VETERINARIANS AND HEALTH OFFICERS TO MEET

Mutual interests will bring veterinarians and public health officers together at Springfield on November 16 and 17.

The meeting has been designed to provide an opportunity for the two groups to meet, get better acquainted, and in this way clarify some of the areas of common medical and mutual interests toward a better public health.

Roland R. Cross, M.D., Director of Illinois State Department of Public Health, will address the dinner meeting on November 16. L. R. Davenport, D.V.M., will preside at this meeting.

Environment is part of the treatment of tuberculosis. It is well established that recovery from infection is facilitated by good nutrition, adequate sleep, mental peace, and the many intangible factors which may be included in the term "environment." Any hospital or sanatorium which does not give full cognizance to these fundamental physiologic and psychosomatic factors is not carrying out a complete therapeutic program. It may even be delaying the date of dismissal of patients and adding to the misery of patients and the expense borne by tax-payers. Money expended for job training, decorations, music, and flowers may be justified as truly as money spent for opiates or surgical treatment. H. Corwin Hinshaw, M.D., Nat. Tuberc. A. Tr.

in a few small drops:

Adequate amounts of ALL essential vitamins for the average infant . . .

Water miscible . . .

Non-alcoholic . . .

Vitamin D chemically identical to that of cod liver oil . . .

Inexpensive . . .

Very palatable.

White's
Multi-Vi Drops



Formula:

Each 0.6 cc. contains:

Vitamin A	5000 U.S.P. units
Vitamin D_3	1000 U.S.P. units
Thiamine Hydrochloride	1.0 milligram
Riboflavin	0.4 milligram
Pyridoxine Hydrochloride	1.0 milligram
Sodium Pantothenate	2.0 milligrams
Nicotinamide	10.0 milligrams
Ascorbic Acid	50.0 milligrams

White's

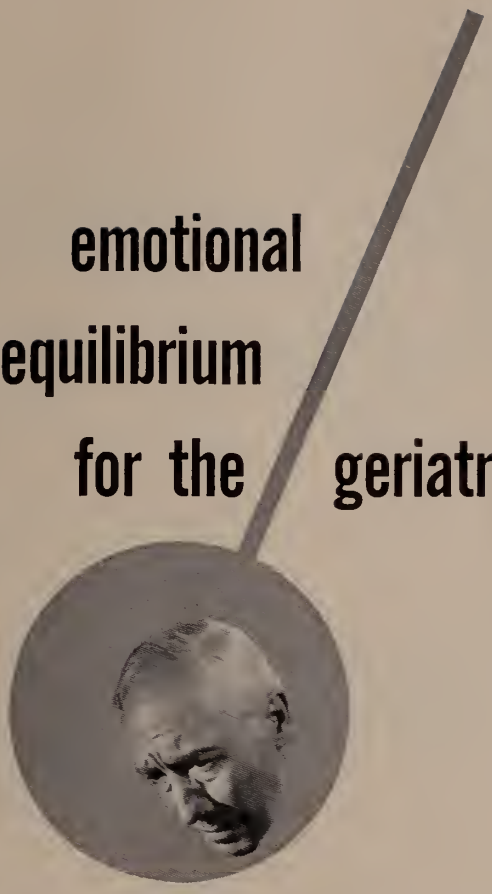
Bottles of 10 cc. and 30 cc. (with calibrated droppers).

Multi-Vi Drops

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.


FULFILLING EVERY
REQUIREMENT OF EFFECTIVENESS
AND PATIENT-ACCEPTANCE
Ramses
TRADEMARK REG U.S PAT OFF.
VAGINAL JELLY*
1 Immobilizes sperm in the fastest time recognized under the Brown and Gamble technique
ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION
2 Occludes the cervix for as long as 10 hours—effective barrier action
3 Nonirritating and nontoxic —safe for continued use
4 Crystal clear, nonstaining, delicately fragrant—esthetically agreeable
5 Will not liquefy at body temperature—not excessively lubricating
FOR ECONOMY TO YOUR PATIENTS
SPECIFY THE LARGE FIVE-OUNCE SIZE
Ramses
TRADE MARK REG U.S PAT OFF.
COPYRIGHT 1945
VAGINAL JELLY
ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION
S BY WEIGHT
L MONOLAURATE 5%
CID 1%
OL 5%
PENDING
HT 5 OUNCES
FACTURED BY
SCHMID, INC.,
YORK, N. Y.
TRADE MARK OF Ramses DEPENDABILITY
gynecological division
JULIUS SCHMID, INC.
423 West 55th St., New York 19, N.Y.
quality first since 1883
*Active Ingredients: Dodecaethyleneglycol Monolaurate 5%; Boric Acid 1%; Alcohol 5%.

emotional equilibrium for the geriatric patient



Thousands of doctors know that BENZEBAR* allays the mental depression, apprehension and nervousness so frequently found in the elderly patient.

'Benzebar' is S.K.F.'s logical combination of Benzedrine* Sulfate and phenobarbital. It provides the unique improvement of mood of 'Benzedrine' Sulfate and the calming, soothing influence of phenobarbital. These two established agents work together to restore the elderly person's zest for life and living, to quiet his nervousness and, at the same time, to keep him from overdoing.

Each 'Benzebar' tablet contains: 'Benzedrine' Sulfate, N.N.R. (racemic amphetamine sulfate, S.K.F.), 5 mg.; phenobarbital, ¼ gr.

Smith, Kline & French Laboratories, Philadelphia

Benzebar for the depressed and nervous patient

*'Benzedrine' and 'Benzebar' T.M. Reg. U.S. Pat. Off.

When *Energy Expenditure* is High



When vigorous sports and outdoor activities increase caloric energy requirements, candy proves nutritionally advantageous as well as satisfying. It yields its contained carbohydrate promptly, permits of rapid replenishment of depleted or lowered glycogen stores, and aids the organism in recovering from fatigue. Furthermore, virtually everyone likes candy, making it particularly enjoyable when energy expenditure is high during fall and winter.

Many candies are composed of nutritionally desirable foods—butter and other edible oils, milk, nuts, fruits. To the extent these foods are contained, candies contribute their mite of protein, fat, B complex and other vitamins and minerals. Candies not only are valuable as a source of readily available caloric food energy, but also serve to add a satisfying final touch to luncheon and dinner, enhancing the satiety value of these meals.

Council on Candy

OF THE

NATIONAL CONFECTIONERS' ASSOCIATION

ONE NORTH LA SALLE STREET, CHICAGO 2, ILLINOIS



AN APPROVED TECHNIQUE

JUST OFF THE PRESS--

IMPROVED METHOD OF CONTRACEPTION—a twelve-page brochure with five full-color anatomical illustrations—presents a complete description of the improved diaphragm and jelly method of contraception, which, according to the A.M.A. Council on Pharmacy and Chemistry, offers a maximal degree of protection.

The brochure features an improvement in contraceptive technique designed to give greater protection by assuring an adequate supply of spermatocidal jelly around the cervix, where it is needed most.

Lanteen Jelly contains: Ricinoleic Acid, 0.50%; Hexylresorcinol, 0.10%; Chlorothymol, 0.0077%; Sodium Benzoate and Glycerine in a Tragacanth base.

Available Without Cost to the Medical Profession

On request, Lanteen Medical Laboratories will send without charge:

1. The brochure, "Improved Method of Contraception."
2. The full-size professional package of Lanteen Jelly.

The unusually fine quality and construction of the Lanteen Diaphragm and the rapidly spermatocidal action and soothing effect of Lanteen Jelly are the basis for the safe and effective protection afforded by the IMPROVED METHOD OF CONTRACEPTION.



The Lanteen Diaphragm and Lanteen Jelly are accepted by the Council on Physical Medicine and the Council on Pharmacy and Chemistry of the American Medical Association, respectively.

Lanteen

LANTEEN MEDICAL LABORATORIES, INC.

2020 Greenwood Street, Evanston, Ill.

complete topical treatment for middle and external ear infections



1. High Antibacterial Potency—high concentration of sulfa-urea at site of infection.
2. Chemical Debridement—infection site rapidly cleansed—odors reduced, and waste material removed.
3. Analgesic and Antipruritic—pain and itching relieved by chlorobutanol.
4. Fungicidal Action—common fungous pathogens inhibited.
5. Hygroscopic—excess moisture absorbed, decongestive action.

White's Otomide is a stable solution of 5% Sulfanilamide, 10% Carbamide (Urea) and 3% Anhydrous Chlorobutanol in glycerin of high hygroscopic activity.

Supplied in dropper bottles of ½-fluid ounce (15 cc.)

White's Otomide

Five-Fold Attack Against Ear Infections

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.



Smooth Transition
TO POSTMENOPAUSAL HORMONE LEVELS

1. Subjective relief in twenty-four hours
2. Vaginal response in forty-eight hours
3. Freedom from symptoms for approximately thirty days with a single injection of—

Suspension ESTRUGENONE
Trademark

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

(ESTROGENIC SUBSTANCES, WATER INSOLUBLE)
50,000 I.U. estrone (5 mg.) per cc.
with benzyl alcohol 2%

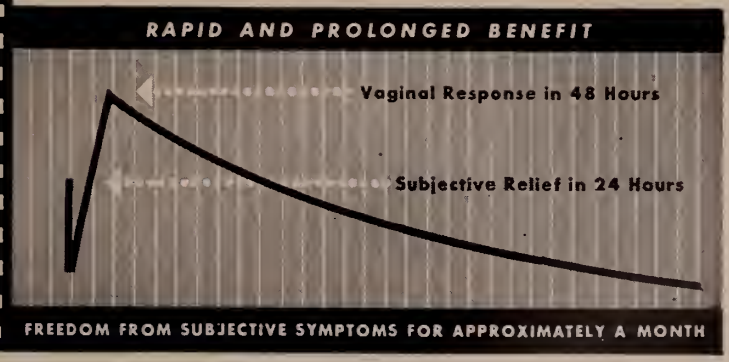
The FIRST *Estrogenic Preparation Providing* ALL *These Features:*

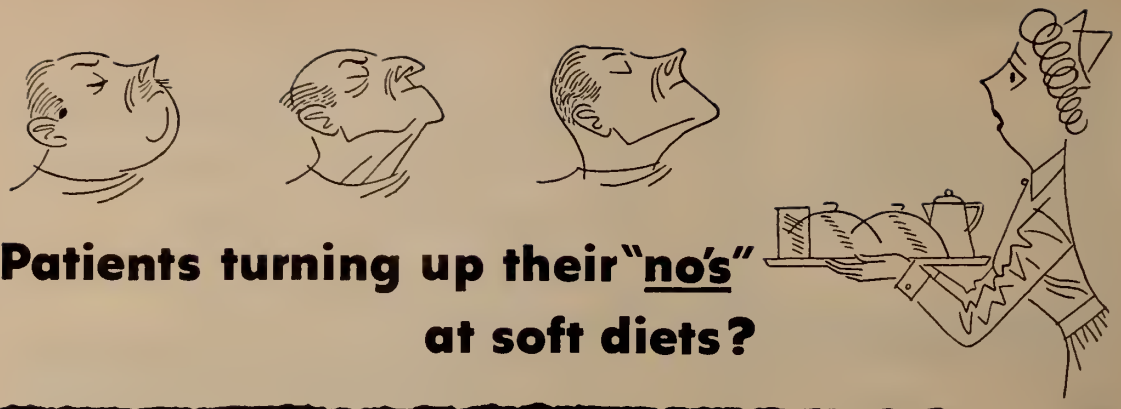
- Dissolved estrogens for rapid action—suspended estrogens for prolonged depot effect
- Parenteral therapy with estrogenic substances derived from natural sources at a cost no greater than that of oral medication
- Minimal likelihood of withdrawal bleeding
- Dry syringe not required . . . syringes easily cleaned after use . . . microplatelets pass readily through a 26-gauge needle

SUPPLIED: ESTRUGENONE* 50,000 I.U. estrone (5 mg.) per cc.: 5-cc. multiple-dose vials. ESTRUGENONE 20,000 I.U. estrone (2 mg.) per cc.: 5-cc. vials; 1-cc. ampuls, boxes of 25.

K·U *Kremers·Urban Company*
PHARMACEUTICAL CHEMISTS SINCE 1894
BOX 2038 . . MILWAUKEE 1 . . WISCONSIN

*Exclusive trademark of Kremers-Urban Co.





Patients turning up their "no's" at soft diets?



Try tasty, protein-rich Swift's Strained Meats!

A palatable, natural source of complete, high-quality proteins

It's not surprising that soft-diet patients develop appetite-apathy. The things they have to eat!

To help overcome this anorexia many doctors now recommend Swift's Strained Meats. Delicious, *real* meat that patients on soft, smooth diets can eat and *enjoy*. Swift's Strained Meats provide an excellent base for high-protein, low-residue diet. Rich in iron, they're chemically and physically non-irritating. They make available *simultaneously all* essential amino acids for optimum protein synthesis.

Swift's Strained Meats are tasty enough to tempt tired appetites. They supply goodly amounts of B vitamin to help stimulate patients' natural appetite for other foods. Swift's Strained Meats are 100% meat—a variety of six kinds: beef, lamb, pork, veal, liver, heart. Originally prepared for infant feeding, they're exceptionally fine in texture—may easily be used in tube feeding. Convenient—ready to heat and serve.



6 varieties:
Beef, lamb, pork, veal, liver, heart



For patients who can take foods of less fine consistency—Swift's Diced Meats offer tender morsels of nutritious meats with tempting flavors patients appreciate.

The makers of Swift's Strained Meats invite you to send for your copy of "The Importance of Protein Foods in Health and Disease"—a physicians' handbook of protein feeding, written by a doctor. Send to:

SWIFT & COMPANY

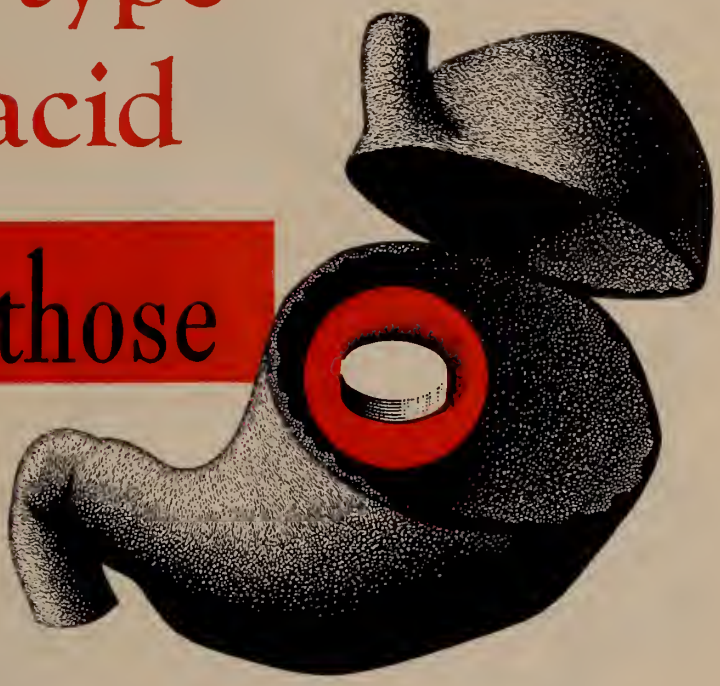
Chicago 9, Illinois

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

All nutritional statements made in this advertisement are accepted by the Council on Foods and Nutrition of the American Medical Association.

New type antacid

Carmethose



for better management of peptic ulcer

Carmethose gives prolonged control with no adverse effects

Carmethose promptly lowers gastric acidity, and its protective tenacious coating has been observed in the stomach for as long as three hours.[1]

Adult dose is 2 to 4 tablets or teaspoonfuls 4 times daily between meals.

Carmethose Tablets: *sodium carboxymethylcellulose, 225 mg. and magnesium oxide, 75 mg. Bottles of 100*

Carmethose Liquid: *5% concentration of sodium carboxymethylcellulose. Bottles of 12 oz.*

Ciba

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

CARMETHOSE—Trade Mark 2/1504M

Advantages over adsorbent gels:

1. *Non-constipating*—hydrophilic gel promotes normal elimination.[1, 2]
2. *Reduction of acidity in two ways*—prompt action by ion exchange is followed by classical buffering action.
3. *Palatable*—small, easily swallowed tablets and pleasantly flavored liquid—preferred by patients.[2]

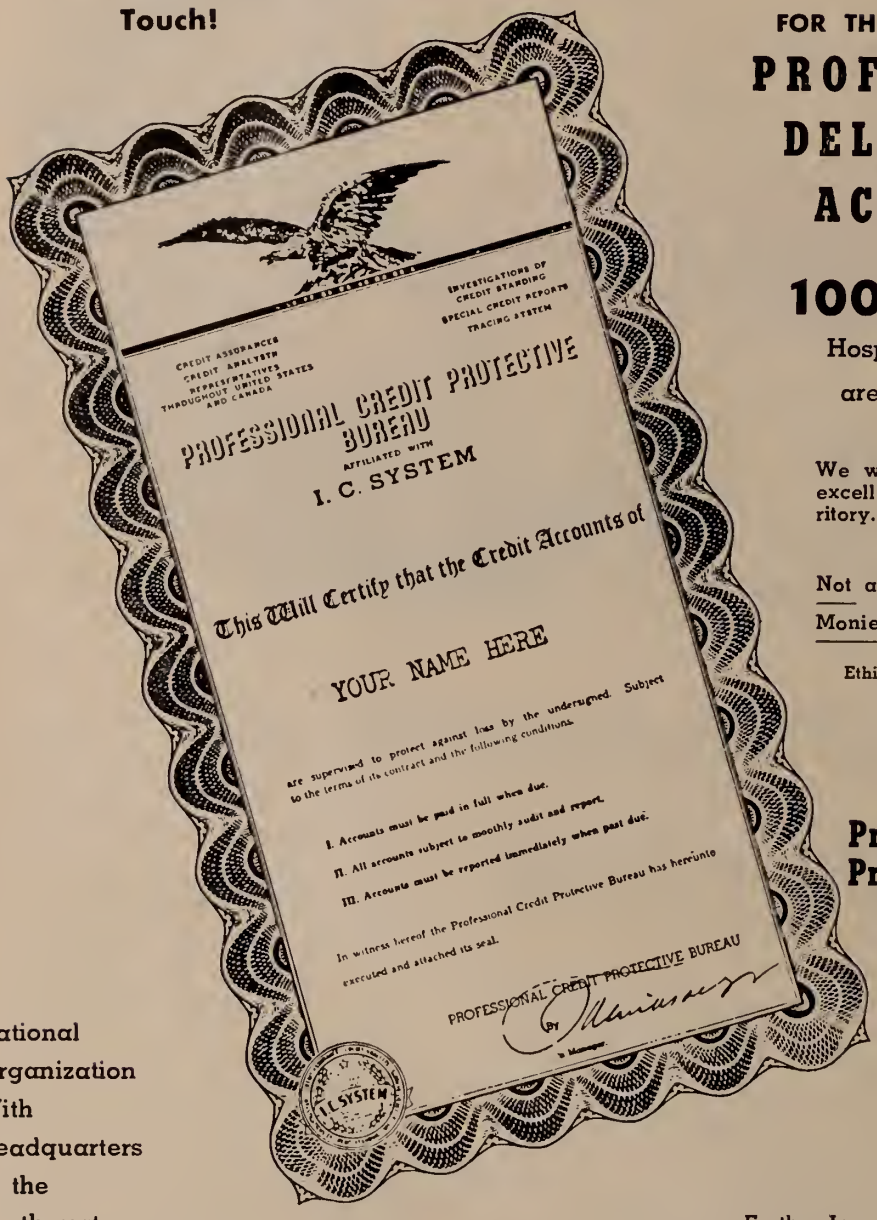
Advantages over soluble alkalis:

1. *No acid rebound*—effectively inhibits acid-pepsin activity, with no secondary hypersecretion.
2. *Protective coating*—mucin-like gel is rapidly formed and clings to ulcer crater and gastric mucosa.
3. *Non-systemic*—cannot disturb acid-base balance because it is non-absorbable.

1. Brick, I.B.: Amer. J. Dig. Dis., *In Press* 2. Bralow, Spellberg & Necheles: Scientific Exhibit #1112, A.M.A. Annual Session 1949

The "Ethical" Collection Service

with the Velvet Touch!



FOR THE COLLECTION OF

PROFESSIONAL DELINQUENT ACCOUNTS

1000 Doctors

Hospitals and Clinics are satisfied clients

We will furnish references of excellent service in your territory.

Not a Collection Agency—All Monies Paid Directly to You.

Ethical, Courteous, Effective—
Retains Good Will

Professional Credit Protective Bureau

DIVISION OF
THE I. C. SYSTEM
310 Phoenix Bldg.
Minneapolis, Minn.

A National Organization With Headquarters in the Northwest

OFFERED AND RECOMMENDED BY

Minn. Auto Dealers Ass'n — NW Ret. Feed Ass'n
Minn. Ret. Hdwe. Ass'n — NW Ret. Coal Ass'n
Minn. Elec. Council — NW Petroleum Ass'n
Northwest Retailers — Cent. Co-op Wholesalers
N.D. Imp. Dealers Ass'n — N.D. Auto Dealers Ass'n
Illinois Material & Lumber Dealers Ass'n.
Illinois Retail Hardware Ass'n.
Northwest Retail Lumbermen's Ass'n
and thirty-four other trade associations from coast to coast

Further Inquiry Invited
FILL OUT AND MAIL COUPON NOW

Professional Credit Protective Bureau
310 Phoenix Building
Minneapolis, Minn.

Gentlemen:

Without obligation, please send complete information regarding this service.

Name
Address
City State

The common occurrence of mixed infections in burns and chronic wounds suggests the use of an antibacterial agent with a wide antibacterial spectrum. Furacin, effective against the majority of wound bacteria in vivo, is receiving favorable and steadily increasing mention in the literature for such conditions.* Furacin® brand of nitrofurazone, is available as Furacin Soluble Dressing (N.N.R.) and as Furacin Solution (N.N.R.) containing 0.2 per cent Furacin. These preparations are indicated for topical application *in the prophylaxis or treatment of infections of* wounds, second and third degree burns, cutaneous ulcers, pyodermas and skin grafts. *Literature on request.*

EATON LABORATORIES, INC., NORWICH, N. Y.

*Bigler, J.: Chicago M. Soc. Bull. 50:269, 1947 • Coakley, W. A. et al.: Plast. & Reconstruct. Surg. 3:667 (Nov.) 1948 • Curtis, L.: Surg. Clin. N. A. 1466 (Dec.) 1947 • Downing, J. et al.: J. A. M. A. 133:299, 1947 • Johnson, H.: Arch. Dermat. & Syph. 57:348, 1948 • Mays, J.: J. M. A. Georgia 36:263, 1947 • McCollough, N.: Indust. Med. 16:128, 1947 • Mills, J. et al.: Plast. & Reconstruct. Surg. 3:245, 1948 • Ryan, T.: U. S. Nav. M. Bull. 47:991, 1947 • Shipley, E. et al.: Surg., Gynec. & Obst. 84:366, 1947 • Snyder, M. et al.: Mil. Surgeon 97:380, 1945.



PHYSICAL MEDICINE ABSTRACTS

JOHN S. COULTER, DEPARTMENT EDITOR



STUDIES OF DEEP CIRCULATORY RESPONSE TO SHORT WAVE DIATHERMY AND MICRO-WAVE DIATHERMY IN MAN

Frederic J. Kottke, M.D., Donald W. Koza, M.D., William G. Kubicek, Ph.D., and Mildred Olson, B.S., Minneapolis, Minnesota. In ARCHIVES OF PHYSICAL MEDICINE, 30:7:431, July 1949.

The local response to an increase of tissue temperature generally has been considered to be an increase in local circulation and metabolism. Generally with a normal vascular system the increase in circulation is greater than the increase of metabolism, resulting in better nutrition of the tissue cells and more adequate removal of metabolites. These changes are considered to be the basis for the beneficial effects of thermotherapy. It has been demonstrated that diathermy is effective in heating deep tissues of the body.

Although increases in temperature at considerable depth have been demonstrated, studies of the concomitant changes of deep circulation do not indicate that the response to deep heating necessarily corresponds to the changes accompanying superficial heating. Studies of circulatory changes in the extremities in response to heat do not always agree. Here there are two general types of tissue, skin and muscle, either or both of which may show circulatory changes. Direct heating generally increases the circulation as indicated by plethysmographic studies, but the site of increase is unknown.

The circulation of the kidney has been demonstrated to respond to direct heating by long wave diathermy with vasodilatation and increased blood flow. Eppinger and his co-workers found that when electrodes were applied directly to the surface of the kidney of the anesthetized dog the blood flow would increase in proportion to the heating. Since the blood flow in the kidney can be measured by clearance technics, the opportunity is provided to study the effects of various types of heating on the deep blood flow in human subjects.

Heating with microwave diathermy had the same effect on renal circulation as heating with short wave diathermy.

It appears that there are two distinct types of response of the body to heat. Local intense heating in a circumscribed area of the surface of the body by stimulating temperature sensitive endings and increasing metabolites, causes local vasodilation and increases local circulation. Under these conditions heat is rapidly removed from the heated area and the local increase of tissue temperature is much less than it would be if there were no circulatory response. Because of the increased circulation, the superficial tissues are protected against thermal damage and there is little penetration of heat to the deeper tissues.

(*Continued on page* 54)



a distinctive, new, non-narcotic antitussive-expectorant

At last, something really new in cough syrups . . . something completely rational . . . clinically sound . . . Robitussin 'Robins'. Robitussin employs glyceryl guaiacolate and desoxyephedrine hydrochloride, in a palatable aromatic syrup vehicle.

Glyceryl guaiacolate has proven an effective aid to expectoration, and a cough ameliorator with prolonged action, through its increase in and thinning of respiratory tract fluid;[1,2,3] yet it has no ill effect upon digestion.[1]

Desoxyephedrine's sympathomimetic action is also well recognized[4,5,6]: by relaxing spasm of the bronchial musculature and helping maintain normal respiratory smooth muscle tone, it greatly minimizes the provocation of cough from spasm.[5] At the same time it affords relief from psychic depression or a feeling of fatigue.

The syrupy vehicle, with its aromatic volatile oils, has a local demulcent effect. Furthermore, it assures patient cooperation by providing a base which makes Robitussin one of the most palatable of all antitussive-expectorants.

You will find Robitussin 'Robins' an exceptionally efficient, safe, therapeutic tool in the management of cough—for both adults and children.

Robitussin

FORMULA: Each 5 cc. (1 teaspoonful) of Robitussin contains:
Glyceryl Guaiocolate . . . 100 mg.
Desoxyephedrine Hydrochloride . . . 1 mg.
In a palatable aromatic syrup.

DOSAGE: Children: one-half to one teaspoonful, according to age, three or more times daily. Adults: one or two teaspoonfuls, as necessary every two to three hours.

SUPPLIED: Pint and gallon bottles.

REFERENCES: 1. Connell, W. F. et al: Canadian Med. Assoc. J., 42:220, 1940. 2. Perry, W. F. and Bayd, E. M.: J. Pharm. Exper. Ther., 73:65, 1941. 3. Stevens, M. E. et al: Canadian Med. Assoc. J., 48:124, 1943. 4. Foltz, E. E. et al: J. Lab. Clin. Med., 28:603, 1943. 5. Graham, B. E.: Ind. Eng. Chem., Ind. Ed., 37:149, 1945. 6. Schulz, F. and Deckner, S.: Klin. Wochschr., 21:674, 1942.

ROBITUSSIN—For *Rational* Cough Management

A. H. ROBINS COMPANY, INC.
RICHMOND 20, VIRGINIA
Ethical Pharmaceuticals of Merit since 1878

about the LARYNX, the PHARYNX... and CIGARETTES

Here is the simple reason why many leading nose and throat specialists suggest "Change to Philip Morris."*

The sensitive tissues of the upper respiratory tract are often affected adversely by the irritants in the smoke of ordinary cigarettes.

Philip Morris, on the other hand, are specifically processed to *minimize* such irritants . . . the only one of all leading cigarettes to offer this advantage.

Why not give your patients the benefit of this proved** superiority . . . why not suggest Philip Morris. Many leading doctors make it a point to say to their patients who smoke . . . *"Change to Philip Morris Cigarettes."*

PHILIP MORRIS

Philip Morris & Co., Ltd., Inc.
119 Fifth Avenue, New York

ARE YOU A PIPE SMOKER? . . . We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

**Completely documented evidence on file.*

***Reprints on request:*

Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscape, Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Bial. and Med., 1934, 32-241; N. Y. State Jaurn. Med., Vol. 35, 6-1-25, No. 11, 590-592.

When the diagnosis is

Impetigo Contagiosa



Bacitracin Ointment

is the Antibiotic of Choice

The cutaneous bacterial invasion responsible for impetigo contagiosa is quickly eradicated by the specific antibiotic influence of Bacitracin Ointment-C.S.C. This unusual antibiotic inhibits the growth of many staphylococci and streptococci, producing clinical remission of the infection within a few days.

Absence of sensitization or local allergic manifestations following its use makes Bacitracin Ointment-C.S.C. especially valuable in topical therapy. The period of therapy is governed by the clinical situation under treatment, and not by the shortcomings of the medication.

Bacitracin Ointment-C.S.C. is indicated in the treatment of many cutaneous infections: infectious eczematoid dermatitis, infected ringworm, infected eczema, ecthyma, infected wounds and ulcers, furuncles and carbuncles. It makes an excellent surgical dressing for draining wounds.

Bacitracin Ointment-C.S.C., containing 500 units of bacitracin per gram, is supplied in ½ oz. and 1 oz. tubes.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 EAST 42ND STREET, NEW YORK 17, NEW YORK



Physical Medicine (Continued)

On the other hand, when large amounts of heat are applied to the body, the predominant reflexes are concerned with dissipation of heat from the body. Cutaneous vasodilation occurs with flushing, sweating and an increased skin temperature increasing the rate of heat loss from the body surface. To maintain the blood pressure in the face of this increased peripheral circulation cardiovascular readjustments are necessary. The pulse rate and cardiac output increase. Vasoconstriction occurs in the vascular beds not concerned with heat loss, such as the splanchnic and renal beds.

Response of the renal circulation to heating with short wave diathermy and microwave diathermy was studied in healthy young adult subjects. Heat applied to the back by both types of diathermy resulted in a significant decrease of renal plasma flow and glomerular filtration without significant changes of blood pressure. Insofar as renal blood flow may represent the deep circulation, it appears that diathermy heating causes a decrease in deep blood flow. The factors in local and systemic circulatory responses to heating are considered.

AN EXERCISE GLOVE FOR QUADRIPLEGIAS

Henry R. Shear, M.D., and A. Estin Comarr, M.D., Van Nuys, Calif. In ARCHIVES OF PHYSICAL MEDICINE, 30:7:453, July 1949.

The goal of physical rehabilitation in spinal cord injuries is the development of strength of the nonparalyzed muscle groups to such a degree that they will suffice for any compensatory action necessary for everyday activities and locomotion. The higher the spinal cord lesion, the more difficult it becomes to attain this goal. Therefore, the greatest obstacles are encountered in quadriplegics. Although there may be active motion present in the shoulder or even elbow joints, retraining of these muscle groups is difficult because of the loss of hand grip, which makes resistive exercises with bars, bells or pulleys impossible.

A glove is described which can be used by quadriplegics to facilitate exercises of the upper extremities.

An old-timer can remember when the Christmas season began on the eve of December 24th instead of on the day after Thanksgiving.



For the public good

The health and well-being of at least 1,000,000 Americans depends upon their discovery and treatment as diabetics. The American Diabetes Association is directing the year-round Diabetes Detection Drive to find the "1,000,000 unknown diabetics" and guide them to their own physicians for treatment.

THE AMES Selftester (TRADEMARK) **AT ALL DRUGSTORES**

brings those with glycosuria to you for diagnosis.

A simple home screening test for urine-sugar, the Ames Selftester* is a new approach to this detection problem. Like the clinical thermometer, it is sold directly to the public through drugstores. Also like the thermometer, it does not give a diagnosis, but only a warning.

the directions state:

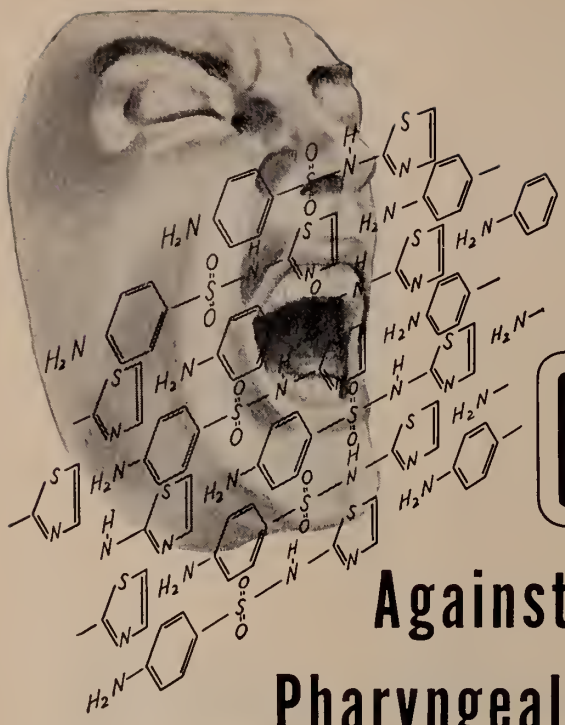
1. The Selftester does not diagnose diabetes or any other disease. Its sole function is the detection of sugar (glucose) or sugar-like substances.

2. If reaction is positive, see your doctor at once. Sugar in your urine does not necessarily mean you have diabetes (nor does a negative result definitely exclude the presence of disease). But only your doctor, by medical examination and by additional laboratory tests, can tell why you show sugar.

THE AMES Selftester to detect
CLINITEST® to control } **THE DIABETIC**
Brand • Reagent Tablets

*Approved by the Council of the American Diabetes Association and accepted for advertising in publications of the American Medical Association.

AMES COMPANY, INC • ELKHART, INDIANA



Chemoprophylaxis Against Pharyngeal Infections

SAFE, TOPICAL METHOD

In Neiman's study* on chemoprophylaxis with White's Sulfathiazole Gum conducted over a 9-month period on 199 medical students:

1. The incidence of primary pharyngitis in the treated group was *less than half* that in the controls. A less marked, but statistically significant, decrease was also observed in the incidence of colds and irritational pharyngitis.
2. "It is worthy of note that the mouths of over 100 persons were exposed to the drug in concentrated form daily for eight months, *with no untoward effects.*"

As with the therapeutic use of Sulfathiazole Gum, the prophylactic application is safe because it is topical. In this series, for example, repeated examination of blood samples from unselected individuals in no case gave a positive test for sulfathiazole.

The dosage in these experiments was one to three tablets a day—an obviously economical procedure. No reactions were observed.

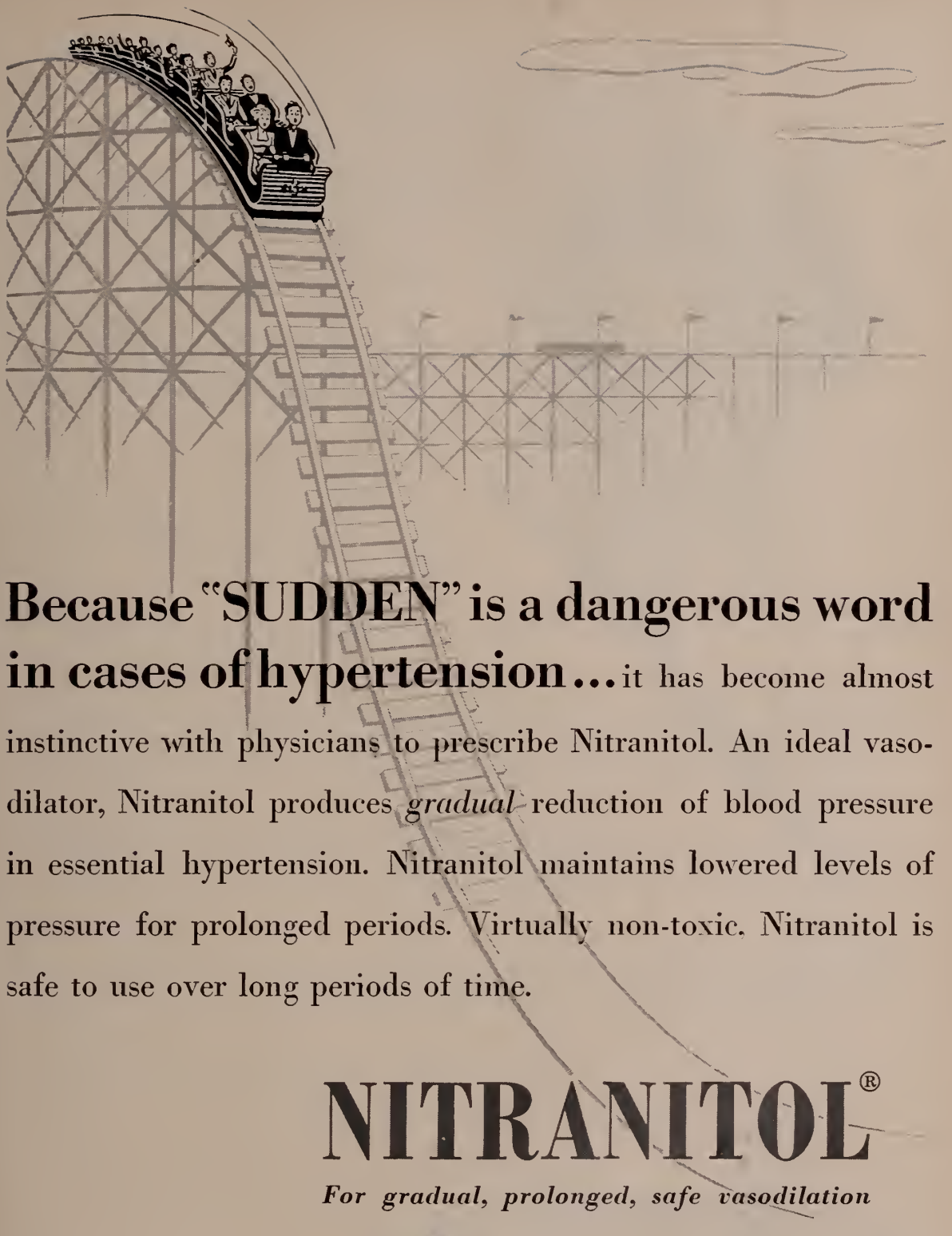
White's **SULFATHIAZOLE GUM**

SAFE, TOPICAL CHEMOTHERAPY

Supplied in packages of 24 tablets—3¾ grs. (0.25 Gm.) per tablet—sanitaped in slip-sleeve prescription boxes.

WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

*Neiman, I. S.: Prophylactic Value of Sulfathiazole, Archives of Otolaryn. *47*:158-164 (Feb.) 1948.



Because "SUDDEN" is a dangerous word in cases of hypertension... it has become almost instinctive with physicians to prescribe Nitranitol. An ideal vasodilator, Nitranitol produces *gradual* reduction of blood pressure in essential hypertension. Nitranitol maintains lowered levels of pressure for prolonged periods. Virtually non-toxic, Nitranitol is safe to use over long periods of time.

NITRANITOL®

For gradual, prolonged, safe vasodilation

Merrell
1828
CINCINNATI • U. S. A.

When sedation is desired. *Nitranitol with Phenobarbital.* (¼ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)

For extra protection against hazards of capillary fragility. *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)

"One nervous woman



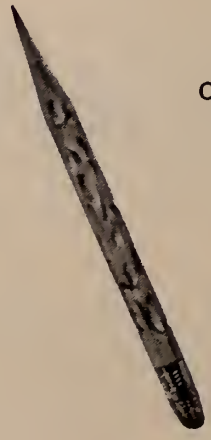
can give rise
to more diverse,
undiagnosed and
undiagnosable
complaints
than a whole
pathological ward."

Harding, T.S.: M. Rec. 160:198, 1947

For the many patients, especially women, who complain of nervous tension throughout the day and wakefulness during the night, ESKAPHEN B ELIXIR is an ideal preparation.

ESKAPHEN B ELIXIR provides both the calming action of phenobarbital (¼ gr. per 5 cc.) and the tone-restoring effect of thiamine (5 mg. per 5 cc.).

Eskaphen B Elixir



The delightfully palatable combination of phenobarbital and thiamine.

Smith, Kline & French Laboratories, Philadelphia

Greater Safety

in Dual Sulfonamide Therapy



Each teaspoonful (5 cc.) of Aldiazol-M provides:

Sulfadiazine (microcrystalline)	0.25 Gm.
Sulfamerazine (microcrystalline)	0.25 Gm.
Sodium Citrate	1.0 Gm.

With Aldiazol-M, adequate sulfonamide dosage may be administered with utmost therapeutic advantage and with minimal danger of crystalluria. Providing both sulfadiazine and sulfamerazine in equal amounts, it permits greater total urinary sulfonamide saturation. Thus the risk of crystal precipitation is reduced, even when large amounts are given.

Because its sulfonamides are in microcrystalline form, Aldiazol-M leads to rapidly attained initial levels. Thereafter therapeutic blood levels are maintained on a dosage of 2 teaspoonfuls every four hours (1 Gm. of total sulfonamide). The presence of sodium citrate in Aldiazol-M makes unnecessary the administration of other alkalizing agents.

Aldiazol-M is indicated in many infectious diseases which respond to sulfadiazine and sulfamerazine. Pleasantly flavored, it is especially useful in pediatric practice.

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.
NEW YORK • SAN FRANCISCO • KANSAS CITY

SEMCO

ALDIAZOL-M

BOOK REVIEWS



THE TEMPORAL BONE AND THE EAR. Published By Charles C. Thomas, Springfield, Ill., April 1, 1949. Price: $12.00.

Doctors Theodore H. Bast and Barry J. Anson have recently published a new text on the temporal bone and the ear that should be of great interest to the otologist and should also prove good reading to all those interested in this phase of the human structure.

The book is of great interest because of three major divisions — first, the authors have gone into a dense historical background of the history of the development of the anatomy, physiology, and pathology of all aspects of the ear; second, there is an extremely comprehensive review of the anatomy, histology, and embryology of all portions of the organ written in such fashion as to make it an interesting rather than a tiring subject; third, there is a great attempt made to coordinate all present theories of the action and meaning of the ear as an organ of sense.

After reviewing this book thoroughly, we would have no hesitation whatsoever in suggesting its use not only to the otologist but also to the student and resident surgeon interested in the subject, as it will greatly aid him in his over-all view of this most important and complex organ.

J. A. H.

SYMPOSIUM ON MEDICOLEGAL PROBLEMS: Under the Co-Sponsorship of the Institute of Medicine of Chicago, the Chicago Bar Association and the Chicago Medical Society. Edited by Samuel A. Levinson, M.D., Ph.D., University of Illinois College of Medicine. Series Two. Philadelphia and Montreal. J. B. Lippincott Company. Price $5.00.

The First symposium on medico-legal problems edited by Doctor Levinson was published a year ago, and it was obviously well received as the edition was exhausted in a relatively short time. This second symposium discusses five subjects; in each presentation there is the medical then the legal discussions with a question and answer period under the supervision of a moderator.

The first subject is, "The Human Skeleton in Legal Medicine" — then in turn, "Psychiatry and the Civil Law"; "Psychiatry and the Criminal Law"; "Federal Control of Drugs and Cosmetics" and "Radiation Hazards and Health Protections in Radioactive Research." The symposium was presented under the joint auspices of the Institute of Medicine of Chicago, the Chicago Bar Association and the Chicago Medical Society. There were eleven contributors, members of both the medical and the legal profession.

The discussions are most interesting and make excellent reading for all who are interested in these problems. Participating are members of the medical and legal professions as well as some outstanding men in pharmacy and other allied fields. Much information can be found in the question and answer periods which are of material value for those who may be called into court as expert witnesses — as was the case in the first book of this series presented in 1948.

The book is well written, data well presented, and it is well worth the time of any physician who has the opportunity to read it and keep it on file for future reference.

H. M. C.

FUNDAMENTALS OF INTERNAL MEDICINE: Wallace Mason Yater, A.B., M.D., F.A.C.P., Third Edition—1949. 1451 pages; 315 illustrations. Appleton-Century-Crofts, Inc., New York. Price $12.00.

The third edition in ten years well demonstrates the popularity of this book. The author has endeavored in

(*Continued on page* 64)

maintaining urinary antisepsis without distressing the patient

Comprehensive clinical evidence establishes that MANDELAMINE (methenamine mandelate) is effective against *Escherichia coli, Staphylococcus aureus* and *albus,* and certain streptococci. Comparative studies indicate its bacteriostatic and bactericidal effectiveness to be approximately the same as that of the sulfonamides or streptomycin.

Because MANDELAMINE therapy is exceptionally well tolerated, patients willingly adhere to the prescribed regimen.

DOSAGE: Adequate dosage is important; for maximum effect, adults should take 3 or 4 tablets t.i.d.; children in proportion.

Complete literature and samples sent to physicians on request.

6 *outstanding features*

- Has wide antibacterial range
- No supplementary acidification required (except when urea-splitting organisms occur)
- Little or no danger of drug-fastness
- Is exceptionally well tolerated
- Requires no dietary or fluid regulation
- Simplicity of regimen — 3 or 4 tablets t.i.d.

MANDELAMINE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

REG U. S. PAT. OFF.

BRAND OF METHENAMINE MANDELATE

urinary antiseptic-council accepted

NEPERA

NEPERA CHEMICAL CO., INC.

Manufacturing Chemists

NEPERA PARK YONKERS 2, N. Y.

for **RELIEF** of constipation without catharsis

NEO-CULTOL®

Natural Corrective
Non-Habit Forming

L. acidophilus in refined mineral oil jelly, chocolate flavored—restores normal intestinal flora and normal colonic function without griping, flatulence, diarrheic movements—gently lubricates without leakage. Jars containing 6 oz.

Arlington

THE ARLINGTON CHEMICAL COMPANY

YONKERS 1, NEW YORK

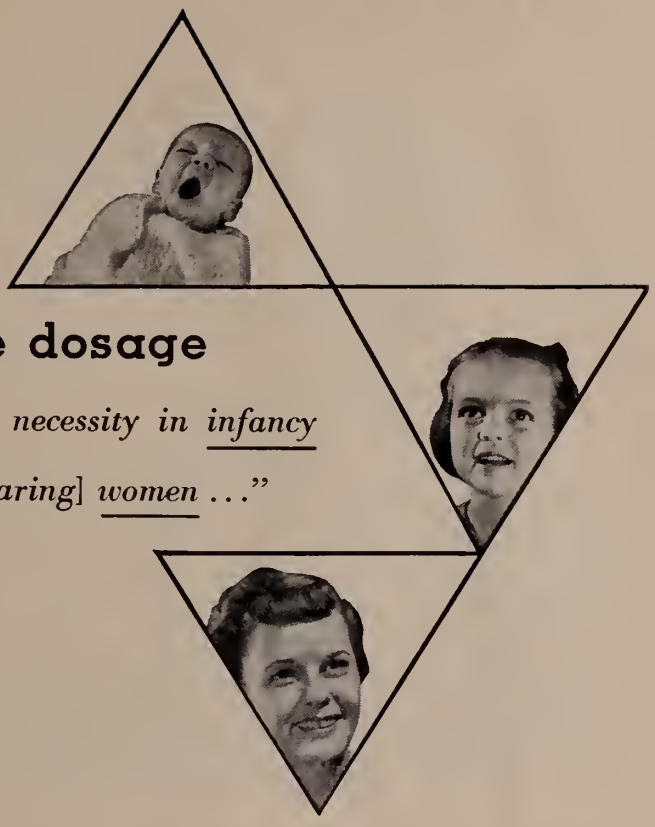
for Fifty Years

PROFESSIONAL PROTECTION

EXCLUSIVELY

THE
MEDICAL PROTECTIVE COMPANY
FORT WAYNE, INDIANA

CHICAGO: T. J. Hoehn, E. M. Breier and W. R. Clouston, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 2-0990—ROCHESTER: F. A. Seeman, Representative, Tel. Rochester 5611



Iron in adequate dosage

"is almost a physiological necessity in infancy and childhood and [childbearing] women . . ."

Sundaram, S.K.: Lancet. 1:568, 1948

and **Feosol** *is iron in its* **most effective form**

Feosol—both the Tablets and the highly palatable Elixir—contains adequate dosage of ferrous sulfate, grain for grain the most effective form of iron. Feosol is easily absorbed and readily tolerated. Feosol effects rapid hemoglobin regeneration and prompt reticulocyte response.

Each Feosol Tablet contains 3 gr. ferrous sulfate *exsiccated*; each 2 fluid drams (2 teaspoonfuls) of Feosol Elixir supplies 5 gr. ferrous sulfate—approximately equivalent to 1 Feosol Tablet.

Smith, Kline & French Laboratories, Philadelphia



Feosol Tablets
Feosol Elixir

the standard forms of iron therapy

this edition to follow closely the original concept of simplification and conciseness, and has carefully gone over all material, and has minimized controversial and less consequential material. He has, as would be expected, found many changes necessary in keeping with recent medical progress. Recent chemotherapy and antibiotics have been carefully evaluated and appear in a special section of the book.

The book written for both the student and practitioner well covers the essentials of internal medicine as practiced today. Quite a number of contributors have cooperated with the author in the preparation of the book. A special section appears in this edition on inhalation therapy, in which the reader will find up to the minute information on the use of aerosols, — antibiotics, bronchodilators and vasoconstrictors. The indications for inhalation therapy are carefully listed, then the equipment, management and technique, results and duration of treatment carefully described in much detail.

This is an excellent refresher text for practicing physicians, who will undoubtedly use it freely and often. As a text for students, it is unquestionably tops, and a book which will be of inestimable value to any medical student endeavoring to prepare for a future in medicine. The book is well arranged, the index unusually complete, and it is one which should be in the modern medical library.

BOOKS RECEIVED

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

CHANGE OF LIFE — A MODERN WOMAN'S GUIDE: By F. S. Edsall; Foreword by Emil Novak, M.D., F.A.C.S., F.R.C.O.G., Assistant Professor of Gynecology, Johns Hopkins Medical School, Past President, American Gynecological Society; The Woman's Press, 600 Lexington Avenue, New York 22, New York, 1949; 127 pages. Price — $2.00.

TUBERCULOSIS IN HISTORY, from the 17th Century to our own times: by Prof. S. Lyle Cummins, C.B., C.M.G., LL.D., M.D., Late Colonel, Army Medical Services, formerly professor of tuberculosis, Welsh National School of Medicine; with an introduction by Sir Arthur Salusbury Macnalty, K.C.B., M.D., F.R.C.P., F.R.C.S., The Williams and Wilkins Company, Baltimore, 1949; 205 pages; Price — $4.50.

MANUAL OF THE PENICILLIA: By Kenneth B. Raper, Principal Microbiologist, Fermentation Division, Northern Regional Research Laboratory, Bureau of Agricultural and Industrial Chemistry, U. S. Department of Agriculture, Peoria, Illinois, and Charles

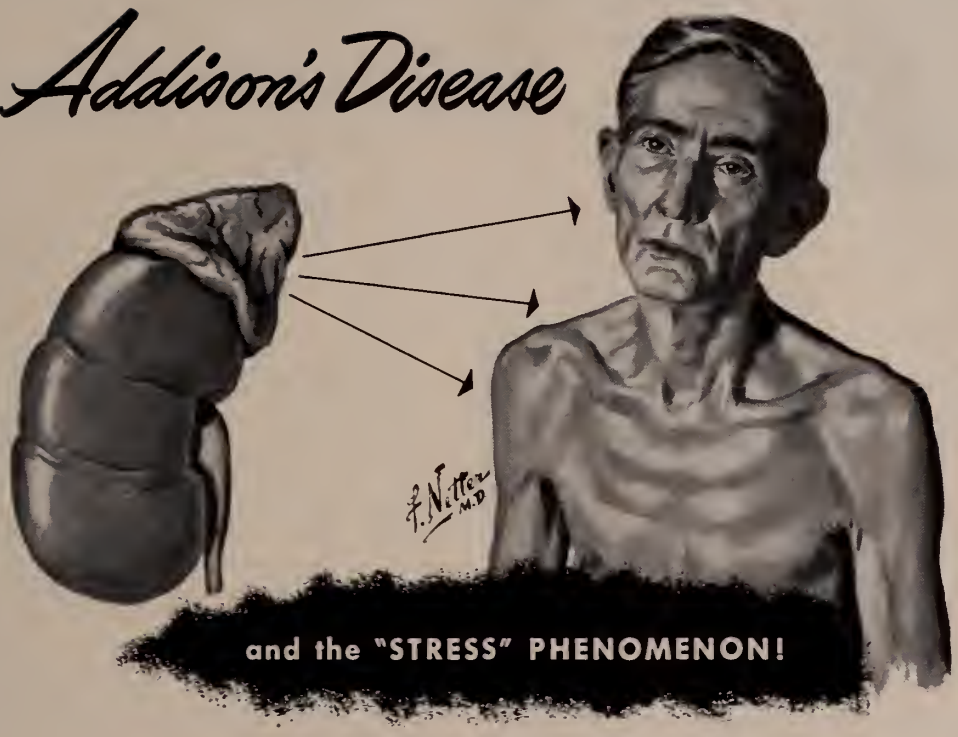
(*Continued on page* 66)



DRINK
Coca-Cola
TRADE MARK REG.

You trust
its quality

Addison's Disease



Addison's disease, characterized by asthenia, weight loss, pigmentation, hypotension, hypoglycemia and anemia, is the most distinct indication for Adrenal Cortex Extract Armour. Since the disease varies greatly in severity in different patients and in the same patient at different times, the dosage must be adapted to the individual case.

Some patients are controlled by as little as one c.c. daily, whereas others require 10 c.c. or more. When the Addisonian patient is exposed to some unusual stress such as infection, surgery, trauma or excessive physical exertion, massive dosage (50 c.c. or more) may be required. Indeed, there are many published reports which indicate that the adrenal cortex steroids are of great importance in helping normal (non-Addisonian) individuals meet such stress. Adrenal Cortex Extract Armour is also indicated in connection with the surgical removal of adrenal tumors to meet both the stress of the operation and to compensate for deficiency of cortical secretion.

Adrenal Cortex Extract ARMOUR

is a highly concentrated and purified extract of adrenal glands, essentially free of epinephrine and containing a mixture of the cortical steroids as isolated by Kendall and others. It is supplied in 10 c.c. rubber-capped vials, and standardized to contain not less than 50 dog units per c.c.

Have confidence in the preparation you administer — specify "Armour"

ARMOUR Laboratories

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS



FULLY APPROVED BY THE
AMERICAN COLLEGE OF SURGEONS

NORTH SHORE HEALTH RESORT

WINNETKA, ILLINOIS

on the Shores of Lake Michigan

A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock

Samuel Liebman, M.S., M.D.
Medical Director

225 Sheridan Road Phone Winnetka 211

Central X-Ray & Clinical Laboratory

COMPLETE MEDICAL X-RAYS & LABORATORY SERVICE, INCLUDING:
Electroencephalograms
Gastroscopic Examinations
Retrograde Pyelograms

24 Hour Switchboard Service

111 NO. WABASH AVENUE
PHONE DEarborn 2-6960



BOOKS RECEIVED (Continued)

Thom, Collaborator, U. S. Department of Agriculture, Formerly Principal Mycologist, Bureau of Plant Industry, U. S. Department of Agriculture, Peoria, Illinois, with the technical assistance and illustrations by Dorothy I. Fennel, Assistant Microbiologist, National Science Fund and Cooperative Agent, U. S. Department of Agriculture, Peoria, Illinois; The Williams & Wilkins Company, Baltimore, 1949; 875 pages. Price — $12.00.

PHOTORADIOGRAPHY IN SEARCH OF TUBERCULOSIS: By David Zacks, M.D., Chief of Clinics, Massachusetts, Department of Public Health, The Williams & Wilkins Company, Baltimore, 1949; 297 pages. Price — $5.00.

GROUP MEDICINE & HEALTH INSURANCE IN ACTION: By Robert E. Rothenberg, A.B., M.D., Diplomate, American Board of Surgery; Fellow of the American College of Surgeons, Chairman, Medical Group Council, The Health Insurance Plan of Greater New York; Chairman, Central Medical Group of Brooklyn, and Karl Pickard, A.B., M.D., Diplomate, American Board of Internal Medicine; Member, Medical Control Board, Health Insurance Plan of Greater New York, Secretary, Central Medical Group of Brooklyn, assisted by Joel E. Rothenberg, A.B., J.D., Member, New York Bar; Attorney, Medical Group



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. *Medical Director*
Barclay J. MacGregor *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS
(near Chicago)

FOR REST and CONVALESCENCE *under competent Medical Supervision*

St. Joseph's Health Resort **WEDRON, ILLINOIS**

85 miles from Chicago, on the Fox River

Conducted for the care of non-infectious diseases and mild nervous disorders by the Missionary Sisters of The Most Sacred Heart of Jesus.

Offering medical attention, private rooms and baths, excellent meals, special diets, physio- and hydrotherapy and diagnostic medical laboratory facilities.

Medical Director
Robert J. Schiffler, M.D.

Superintendent
Sister Mary Severine

Literature and Rates upon Request — — — Telephone Ottawa 2780

Council, Health Insurance Plan of Greater New York; Administrative Counsel, Central Medical Group of Brooklyn, introduction by George Baehr, M.D., Crown Publishers, New York, 278 pages, Price — $5.00.

MARIHUANA IN LATIN AMERICA, THE THREAT IT CONSTITUTES, by Pablo Osvaldo Wolff, M.D., Ph.D., M.A., Buenos Aires, Argentina, member of expert committee on habit forming drugs of the World Health Organization, sponsored by Washington Institute of Medicine, The Linacre Press, Inc., Washington 6, D. C., 56 pages. Price — $1.50.

THE DIAGNOSIS OF PANCREATIC DISEASE: By Louis Bauman, M.D., formerly Assistant Professor of Clinical Medicine, Columbia University, and Assistant Visiting Physician to the Presbyterian Hospital, New York, with a foreword by Allen O. Whipple, M.D., J. B. Lippincott Company, Philadelphia, London and Montreal; 1949, Price — $5.00.

OPERATIONS OF GENERAL SURGERY (Second Edition) By Thomas G. Orr, M.D., Professor of Surgery, University of Kansas School of Medicine, Kansas City, Kansas. Second edition. 890 pages with 1700 step-by-step illustrations on 721 figures. W. B. Saunders Company, Philadelphia and London, 1949. Price $13.50.

THE PHYSICIAN'S BUSINESS: Practical and Economic Aspects of Medicine, by George D. Wolf, M.D.,

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $8.00
$25 weekly indemnity, accident and sickness Quarterly
$10,000.00 accidental death $16.00
$50 weekly indemnity, accident and sickness Quarterly
$15,000.00 accidental death $24.00
$75 weekly indemnity, accident and sickness Quarterly
$20,000.00 accidental death $32.00
$100 weekly indemnity, accident and sickness Quarterly
ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN
Cost has never exceeded amounts shown.

85c out of each $1.00 gross income used for members benefit

$3,000,000.00 INVESTED ASSETS — **$16,000,000.00 PAID FOR CLAIMS**

$200,000.00 deposited with State of Nebraska for protection of our members.
Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
47 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

in whooping cough

ELIXIR BROMAURATE

GIVES EXCELLENT RESULTS

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. NEW YORK CITY

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Physician

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

BOOKS RECEIVED (Continued)

Assistant Clinical Professor of Otolaryngology, New York Medical College; Fellow, New York Academy of Medicine, Fellow, American Medical Association. J. B. Lippincott Company, Philadelphia, London, Montreal. 563 pages. Price $10.00.

FUNDAMENTALS OF OTOLARYNGOLOGY, a textbook of ear, nose and throat diseases. By Lawrence R. Boies, M.D., Clinical Professor of Otolaryngology, Director of Division of Otolaryngology, University of Minnesota Medical School, and Associates. 443 pages with 184 figures. W. B. Saunders Company, Philadelphia and London, 1949; Price — $6.50.

CLINICAL BIOCHEMISTRY (Fourth Edition) By Abraham Cantarow, M.D., Professor of Biochemistry, Jefferson Medical College; and Max Trumper, Ph.D., Commander, H (S), USNR, Lecturer in Clinical Biochemistry and Basic Science Coordinator, Naval Medical School National Naval Medical Center, Bethseda, Maryland. Fourth Edition. W. B. Saunders Company, 1949, 642 pages with 38 figures. Price $8.00.

ATLAS OF OBSTETRIC TECHNIC, by Paul Titus, M.D., Obstetrician-Gynecologist to the St. Margaret Memorial Hospital, Pittsburgh; Secretary, American Board of Obstetrics and Gynecology, illustrations by E. M. Shackelford, formerly medical illustrator, John C. Oliver Memorial Research Foundation, St. Margaret Memorial Hospital, Pittsburgh, Second Edition, The C. V. Mosby Company, St. Louis, 1949; 194 pages, Price — $7.50.

SURGERY IN PATENT DUCTUS ANTEROSUS

The author is of the opinion that all children, regardless of whether or not they present symptoms referable to ductal patency, should be subjected to operation. The latter should preferably be performed before entry into school. Unless the ductus is of unusually large caliber, such patients rarely present symptoms of circulatory insufficiency. Furthermore, the incidence of subacute bacterial endarteritis is very low in such young individuals. On the other hand, retardation of normal growth and physical development is not uncommon. Operation in children of preschool age usually is quite simple and attended by insignificant morbidity and mortality in the hands of qualified surgeons. In brief, the author considers it to be a highly desirable operation of "election."

Excerpt, Indications for Operation in Patent Ductus Arteriosus (With Special Reference to Adults), Arthur S. W. Touroff, M. D., New York City, N. Y. State July 15, 1949.

Mother: "Have a good time at the Hallowe'en party tonight, dear, and be a good girl."

Daughter: "Make up your mind, Mother."

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium — Telephone Naperville 450

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — **MICHELL SANATORIUM**

Licensed by State of Illinois

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



Fairview Sanitarium

2828 S. PRAIRIE AVE.
CHICAGO 16
Phone CAlumet 5-4588

Registered with the American Medical Association,

FOR THE DIAGNOSIS AND TREATMENT OF

MENTAL and NERVOUS DISORDERS

featuring all recognized forms of therapy including —

ELECTRONARCOSIS
ELECTRIC SHOCK
HYPERPYREXIA
INSULIN

NEWEST TREATMENTS FOR ALCOHOLISM

J. DENNIS FREUND, M.D.

Medical Director and Superintendent

THIS BEAM OF LIGHT Shows What Rexair Can Do



Next time you house-clean, pause a moment by a sunlit window. You will see thousands of dust motes floating in the beam.

Light does not produce this dust. It is everywhere in the air you breathe. Conventional methods of cleaning often fail to eliminate it, by letting dust filter back into the air you breathe.

Wouldn't you like to clean *clean?* Wouldn't you like to know that the dust you remove from floors, carpets and furniture is eliminated from your house forever? You can—with Rexair.

Rexair has no bag. It uses a pan of water to trap dust and dirt. Wet dust cannot fly, and dust cannot escape from Rexair's water bath. You pour the water down the drain, and pour the dirt away with it.

REXAIR DIVISION, MARTIN-PARRY CORP.

BOX 964, TOLEDO, OHIO, DEPT 0-109

FREE BOOK—Send for this colorful, illustrated 12-page book. Shows how Rexair does all your cleaning jobs, and even "washes" the air you breathe. Ask for all the copies you can use. No obligation.



Rexair

Your Advertisers

This is an Index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 5

CLASSIFIED

Classified Advertisements 72

FOODS

Baker Laboratories, Cleveland 16
Borden Company, 350 Madison Ave., New York
Coca Cola, Atlanta, Ga. 64
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover
National Confectioners, Chicago 42
Swift & Co., Chicago 46
Wander Company, 360 N. Michigan Ave., Chicago

FINANCIAL AND INSURANCE

I. C. System 48
Medical Protective Co., Fort Wayne, Ind. 62
Physician Casualty Co., Omaha, Neb. 67

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Illinois 19
Ames Co., Inc., Elkhart, Ind. 55
Ar Ex Cosmetics, Inc., Chicago 7
Arlington Chemical Co., Yonkers 1, N. Y. 62
Armour Laboratories, Chicago 9, Ill. 65
Ayerst, McKenna & Harrison Ltd., New York 16
Bristol Laboratories, Inc., Syracuse 1, N. Y.
Bristol-Meyers Co., New York
Burroughs-Wellcome & Co., Tuckahoe 7, N. Y. 11
Ciba Company, Summit, N. J. 4, 47
Commercial Solvents Corp., Terre Haute, Ind. ... 10, 36, 53
Doho Chemical Corp., New York 13, N. Y. 32
Eaton Laboratories, Inc., Norwich, N. Y. 49
Endo Products, Inc., Richmond Hill 18, N. Y.
Gold Pharmacal Co., New York 67
Hoffman-LaRoche, Inc., Nutley, N. J. 12
Holland-Rantos Co., Inc., 551 Fifth Ave., New York
Homemakers' Products Corp., New York 10, N. Y.
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 54
International Vitamin Corp., 50 E. 42nd St., New York City
Kremers-Urban Co., Milwaukee 1 45
Lanteen Medical Laboratories, Chicago 10 43
Lederle Labs, New York 20 17
Thos. Leeming Co., 155 E. 44th St., New York 17 3
Lily, Eli & Co., Indianapolis, Ind. 37, 38
S. E. Massengill Co., Bristol, Tenn. 59
Merck & Co., Rahway, N. J. 29
Wm. S. Merrell, Cincinnati 6, 35, 57
Morris, Philip & Co., 119 Fifth Ave., New York 52
Num Specialty Co., Pittsburgh, Pa. 66
Nepera Chemical, Yonkers, N. Y. 61
Numotizine, Inc., Chicago 10 10
Organon, Inc., Orange, N. J. 34
Parke, Davis & Co., Detroit, Mich. 25
Plastishield, Inc., Minneapolis 2, Minn.
Reynolds & Co., R. J., Winston-Salem, N. C. 22
A. H. Robins Co., Inc., Richmond 20, Va. 15, 51
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago
Sandoz Pharmaceuticals, New York 14
Schenley Laboratories, Inc., N. Y. 1, N. Y.
Schering Corp., Bloomfield, N. J. 13
Schieffelin & Co., New York 3
Schmid, Julius, Inc., 423 W. 55th St., New York City ... 40
G. D. Searle & Co., P. O. Box 5100, Chicago
.....Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago 8
The Smith Dorsey Co., Lincoln, Nebr. 28
Smith, Kline & French, Philadelphia
..... 9, 18, 23, 30, 41, 58, 63
E. R. Squibbs & Co. 27
The Tarbonis Co., Cleveland 3, Ohio
Upjohn Co., Kalamazoo, Mich.
Walker Vitamin Products, Inc., New York
Wm. R. Warner & Co., 113 W. 18th St., New York 31
Whittaker Laboratories Inc., New York City 5
White Laboratories, Inc. 7, 20, 21, 33, 39, 44, 56, 71
Winthrop Stearns Co., 70 Varick St., New York 26
Wyeth Incorporated 14
Zemmer Co., Pittsburgh, Pa.

SANATORIA AND SANITARIA

The Bellevue Place, Batavia, Ill. 72
Costeff Sanatorium, Peoria, Ill. 72
Edward Santaroium, Naperville, Ill. 68
Fairview Sanitarium, Chicago 16 69
Michell Farm, Peoria 69
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 68
North Shore Health Resort, Winnetka 66
Mary Pogue School, Wheaton, Ill. 66
St. Joseph's Health Resort, Wedron, Ill. 67
Stokes Sanitarium, Louisville, Ky 72

EQUIPMENT

General Electric X-Ray Corp., 2012 W. Jackson Blvd., Chicago
Picker X-Ray, New York 10, N. Y. 24
Rexair, Toledo, Ohio 69

RADIUM

Central X-Ray & Clinic Laboratory, 58 E. Washington, Chicago 66
Physicians Radium Assn., 55 E. Washington St., Chicago 72



In Acute Follicular Tonsillitis...

"Aspergum
every 3 hours
for sore throat..."*

DILLARD'S

Aspergum

SALIVARY ANALGESIA

—provides 3½ grains acetylsalicylic acid in each pleasantly flavored chewing gum base tablet. Particularly suitable for administering aspirin to children and to patients who have difficulty swallowing tablets.

*Rehfuss, M. E., Albrecht, F. K., and Price, A. H.: A Course in Practical Therapeutics, Baltimore, The Williams & Wilkins Co., 1948, p. 371.

•

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N.J.

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

●

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: CEntral 6-2268 and 6-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate

COSTEFF SANITARIUM

Mental and Nervous Disorders
Alcoholism and Drug Addiction

- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois

HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 **Literature on request.**

BELLEVUE PLACE

For
NERVOUS and MENTAL DISEASES

★

Edward Ross, M.D., Medical Director
BATAVIA ILLINOIS
PHONE BATAVIA 1520

A CLINICAL OBSERVATION FOR PHYSICIANS

The present increased incidence of poliomyelitis has been associated with upper respiratory infections and inflammation of the tonsils and tonsillar area. Many of these cases give a history of chronic tonsillar infection or of having been swimming intensively, producing throat or tonsillar area irritation, primarily from diving excessively into cold water.

Because of this high incidence of respiratory infections and tonsillitis, which might also be associated with early cases of infantile paralysis, it is recommended clinically that during the poliomyelitis season sulpha compounds be NOT used for clinical treatment of these ailments. Direct clinical observation has shown that these patients, when placed on high dosages of sulpha drugs in the early stage of infantile paralysis, are getting a more severe attack of infantile paralysis. Clinically there has been shown that large doses of sulpha compounds will promote a condition known as sulfhemoglobinemia. This condition reduces the oxygen carrying content of the blood and any condition that produces anoxia in the human body will favor the severity of the poliomyelitis virus infection.

It is recommended that during the poliomyelitis season penicillin or other antibiotic therapy be used for all upper respiratory infections of tonsillitis conditions. E. A. Piszczek, M.D. Chi. Med. Soc. *Bulletin. Aug.* 20, '49.

Classified Ads

FOR SALE: Opportunity to take over modern 7 Rm. Brk. Home and clinic and office bldg. with spacious grounds in fine close-in location. Ideal for practicing physician or surgeon. $50,000, preferably cash, or $30,000 down bal. time. See Wm. H. Abelmann, Rm. 404, Elgin Tower, Elgin, Ill. Ph. Elgin 122 11/49

FOR SALE: Picker New Army Field Unit 30 M.A.-85 K.V.-110 volts, 60 cycle, complete with timer and mobile base. Therapy rating 4 M.A.-100 K.V. Phone LaGrange 40.

PRACTICE TO TRADE: Offering practice splendid every respect, most exclusive Los Angeles suburban area. Five miles from ocean. For practice central or northern Illinois town 30 to 100 thousand. Box 153, Ill. Med. Jl., 30 N. Michigan, Chicago 2.

THE STOKES SANITARIUM **923 Cherokee Road, Louisville, Kentucky**

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

3 new water-soluble liquid vitamin preparations



Poly-Vi-Sol

Each 0.6 cc., the usual daily dose, supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Thiamine	1.0 mg
Riboflavin	0.8 mg
Niacinamide	5.0 mg
Ascorbic Acid	50. mg

Tri-Vi-Sol

Each 0.6 cc., the usual daily dose, supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50 mg

Ce-Vi-Sol

Each 0.5 cc., the usual daily dose, supplies:

Ascorbic Acid	50 mg

each is

Soluble in Water and other liquids
Scientifically Formulated
Pleasing to the Taste
Convenient to Administer
Ethically Marketed

indications

All of these preparations are ideally suited for the routine supplementation of the diets of infants and children. They can also be administered to adults.

administration

Any of these preparations can be stirred into infant's formula, into fruit juice, milk or other liquid, or mixed into cereal, pudding, or other solid food. They can be given with a spoon or dropped directly into the mouth.

HOW SUPPLIED These products are available in 15 and 50 cc. bottles, each with an appropriately calibrated dropper.

MEAD'S

MEAD JOHNSON & CO. EVANSVILLE 21, IND., U.S.A.

Academy of Medicine
2 E 103 St
New York N Y
Exch



COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
James L. Baker, M. D.
Robert A. Richards, M. D.

Arthur J. Patek, M. D.
Consultant

G. H. Schroeder,
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 6-1162

Give

The ILLINOIS Medical Journal

VOL. 96 NO. 5

November, 1949

Retrolental Fibroplasia

Treatment of Common Colds With An Antihistaminic Drug

Maternal Mortality in Illinois Hospitals

(See page 5 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

basically NEW!
in cough syrup therapy



HYDRYLLIN® COMPOUND

Aminophyllin (Searle)
for Bronchial Relaxation

Diphenhydramine (Searle)
for Antiallergic Efficacy

Potassium Iodide
for Expectorant Action

A Pleasantly Flavored Syrup Base
for Ready Patient-Acceptance

Searle

RESEARCH IN THE SERVICE OF MEDICINE

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.

Beyond the reach of human fingers



Beneficial effects may be exerted, not just locally but systemically, "beyond the reach of human fingers" in such conditions as arthritis, myositis, muscle sprains, bursitis and arthralgia. That systemic as well as local effects may be achieved by such preparations as Baume Bengué was conclusively demonstrated by the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott.



LOCALLY — *at the site of discomfort analgesic relief and a beneficial hyperemia may be readily induced.*

SYSTEMICALLY — *the salicylate absorption promoted by Baume Bengué's methyl salicylate concentration produces systemic effects to reinforce other indicated therapeutic measures.*

Baume Bengué provides 19.7% *methyl salicylate,* 14.4% *menthol in a specially prepared lanolin base.*

Baume Bengué ANALGÉSIQUE

THOS. LEEMING & CO., INC., 155 E. 44th ST., NEW YORK 17, N. Y.



With the price of Perandren only 1/5 of its original cost,

you now can make available to a wider group of patients the anabolic effects as well as the specific sexual effects of Perandren, the pioneer brand of testosterone propionate.

Write for clinical reports and literature.

Ciba PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

PERANDREN • T. M. Reg. U. S. Pat. Off. 2/1526M

TABLE OF CONTENTS

NOVEMBER, 1949
Vol. 96, No. 5

ORIGINAL ARTICLES
Retrolental Fibroplasia, *Ralph O. Rychener, M.D.*, Memphis, Tennessee 299
Treatment of Common Colds With An Antihistaminic Drug, *John M. Brewster,* Captain, M.C., U.S.N. 302
Maternal Mortality in Illinois Hospitals, 1943-1947, *Charles Newberger,* M.D., Chicago 306
Hemorrhoidectomy, *Ernest D. Bloomenthal, M.D.,* and *Richard M. Bendix, M.D.,* Chicago 311
Estimation of the Blood Requirements of the Surgical Patient, *Lawrence S. Mann, M.S., M.D.,* Chicago 314
Unrecognized Pernicious Anemia in Patients With Chronic Arthritic Complaints, *Case Report, William L. Ford, M.D.,* Chicago 318
Eventration of the Intestine Through the Vagina Following Vaginal Hysterectomy, *Paul C. Fox, M.D.,* Oak Park, *Case Report* 321

EDITORIALS
Awards for Outstanding Papers Published in the Journal 277
ACTH and Cortisone 278
As They See It 279
Activities of Committee on Medical History 280
Medical Ethics 280
The World Medical Association 285
Book Reviews 62

MEDICAL ECONOMICS
Economic Problems in the Practice of Pathology .. 287

STATE DEPARTMENT OF PUBLIC HEALTH
Organized Community Effort, *Roland R. Cross, M.D.,* Springfield 291

CORRESPONDENCE
"Your Mental Hospitals"—The New Research Hospital 295
Clinics For Crippled Children Listed for December 296
National Tuberculosis Ass'n. to Meet in Washington 297
An Invitation to Louisville Meeting 297
Obstetricians Certify 236 297
Doctors Needed In Japan 298

PATHOLOGY CONFERENCE
Presentation of Three Cases, *Herman Josephy, M.D.,* Chicago
Diffuse Carcinoma of the Stomach, with Early Misleading Metastases 323
Bronchial Carcinoma with Unusual Metastases 325
Astroblastoma of the Brain with Sudden Death 327
PHYSICAL MEDICINE ABSTRACTS 44
NEWS OF THE STATE 329

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death $8.00
$25 weekly indemnity, accident and sickness Quarterly
$10,000.00 accidental death $16.00
$50 weekly indemnity, accident and sickness Quarterly
$15,000.00 accidental death $24.00
$75 weekly indemnity, accident and sickness Quarterly
$20,000.00 accidental death $32.00
$100 weekly indemnity, accident and sickness Quarterly
ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN
Cost has never exceeded amounts shown.

85c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS
$16,000,000.00 PAID FOR CLAIMS

$200,000.00 deposited with State of Nebraska for protection of our members.
Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION
47 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

No Finer Name in Contraceptives...
SINCE 1934



Tested by TIME
Proved by EXPERIENCE
Active ingredients
Trioxymethylene 0.04% Sodium Oleate 0.67%

FREE
Diaphragms
12 COOPER CREME
Large size tubes $8.00
6 DIAPHRAGMS
Guaranteed 2 years NO CHARGE
SIZES 50 TO 100 MM.
This $14.00 Value
$8.00

Write "Special Offer" on your Rx blank. State size diaphragms wanted and mail at once to
Whittaker Laboratories INC.
Peekskill, N.Y.

to correct those ill-defined
secondary anemias which resist treatment
with iron alone, write:

Feosol Plus
1 cap. t.i.d.-p.c.



S.K.F. now offers FEOSOL PLUS,
a delicately balanced,
broad-range formula
to combat those ill-defined
secondary anemias where
the deficiency is multiple.

Each FEOSOL PLUS capsule contains:

Ferrous sulfate, exsiccated, 200.0 mg.; liver concentrate powder (35:1), 325.0 mg.; folic acid, 0.4 mg.; thiamine hydrochloride (B_1), 2.0 mg.; riboflavin (B_2), 2.0 mg.; nicotinic acid (niacin), 10.0 mg.; pyridoxine hydrochloride (B_6), 1.0 mg.; ascorbic acid (C), 50.0 mg.; pantothenic acid, 2.0 mg.

Feosol Plus by no means replaces Feosol.
Feosol is the standard
therapy in simple
iron-deficiency anemias.



Dosage 3 capsules daily,
one after each meal.
Available in bottles
of 100 capsules.

Smith, Kline & French Laboratories, Philadelphia

ILLINOIS STATE MEDICAL SOCIETY

GENERAL OFFICERS 1949-1950

President: Walter Stevenson, 510 Maine Street, Quincy
President Elect: Harry M. Hedge, 30 N. Michigan Ave., Chicago
1st Vice-President: M. M. Hoeltgen, 1607 West 51st Street, Chicago
2nd Vice President: H. A. Felts, Marion
Secretary-Treasurer: Harold M. Camp, Monmouth

THE COUNCIL

		Term Expires
1st District:	— L. J. Hughes, 165 E. Highland Ave., Elgin	1950
2nd District:	— Joseph T. O'Neill, 628 Columbus St., Ottawa	1950
3rd District:	— Oscar Hawkinson, 1011 Lake Street, Oak Park	1951
	F. Lee Stone, 30 N. Michigan Ave., Chicago	1950
	Arkell M. Vaughn, 30 N. Michigan Ave., Chicago	1951
	Wade C. Harker, 4458 W. Madison Street, Chicago	1950
	H. Prather Saunders, 40 E. Erie Street, Chicago	1952
	Walter C. Bornemeier, 7850 Caldwell Road, Chicago	1952
4th District:	— Charles P. Blair, Monmouth	1952
5th District:	— Ralph P. Peairs, Normal	1952
6th District:	— F. Garm Norbury, Norbury Sanatorium, Jacksonville	1951
7th District:	— Charles H. Hulick, Shelbyville	1952
8th District:	— Harlan English, 139 N. Vermilion St., Danville	1952
9th District:	— Charles O. Lane, West Frankfort	1951
10th District:	— G. C. Otrich, 7 North High Street, Belleville	1951
11th District:	— Edwin S. Hamilton, 258 East Court St., Kankakee	1950
COUNCILORS-AT-LARGE	— Robert S. Berghoff, 30 N. Michigan Ave., Chicago	1950
	Irving H. Neece, 250 N. Water Street, Decatur	1951
	Percy E. Hopkins, 800 West 78th Street, Chicago	1950

CHAIRMAN OF THE COUNCIL — Oscar Hawkinson, Oak Park

ILLINOIS MEDICAL JOURNAL

Harold M. Camp, Monmouth—Editor
Theodore R. Van Dellen, Chicago—Associate Editor
Mr. L. E. Malley, Chicago—Managing Editor & Bus. Mgr.
Harry M. Hedge, Chicago—Chairman, Journal Committee
Harry J. Stewart, Oak Park—Secretary, Journal Committee
Business Office—30 North Michigan Ave., Chicago 2
Editorial Office—Monmouth, Illinois

GENERAL COUNSEL

Mr. John W. Neal—33 South Clark St., Chicago 3, Ill.

MEDICAL SERVICE & PUBLIC RELATIONS

Percy E. Hopkins, Chairman—800 W. 78th St., Chicago
Mr. John W. Neal, Exec. Sec., 30 N. Michigan Ave., Chicago
Mr. J. C. Leary, Pub. Rela. Coun., 185 N. Wabash, Chicago

PERMANENT HISTORIAN

David J. Davis—721 Elmwood Ave., Wilmette

MEDICO-LEGAL COMMITTEE

Oscar Hawkinson, Chairman—1011 Lake St., Oak Park

PERMANENT COMMITTEE ON ARCHIVES

D. D. Monroe, Chairman—Alton
J. J. Moore, Secretary—55 E. Washington St., Chicago
E. H. Weld—Rockford
Ex-officio:
David J. Davis, Perm. Historian—721 Elmwood Ave., Wilmette

EDUCATIONAL COMMITTEE

Charles P. Blair, Chairman—Monmouth
Ford K. Hick—25 E. Washington St., Chicago
Ann Fox, Secretary—30 N. Michigan Ave., Chicago

SCIENTIFIC SERVICE COMMITTEE

Robert S. Berghoff, Chairman—30 N. Michigan Ave., Chicago
Louis Limarzi, Vice-Chm.—30 N. Michigan Ave., Chicago

POST GRADUATE COMMITTEE

Robert S. Berghoff, Chairman—30 N. Michigan Ave., Chicago
George A. Hellmuth, Vice Chairman—1180 E. 63rd St., Chicago

Outside of editorial or allied views or statements that are the authoritative actions of the Illinois State Medical Society, the organization denies responsiblity for opinions and statements published in the ILLINOIS MEDICAL JOURNAL. Views expressed by the various authors and views set forth in various departments in the JOURNAL represent the views of the writers.

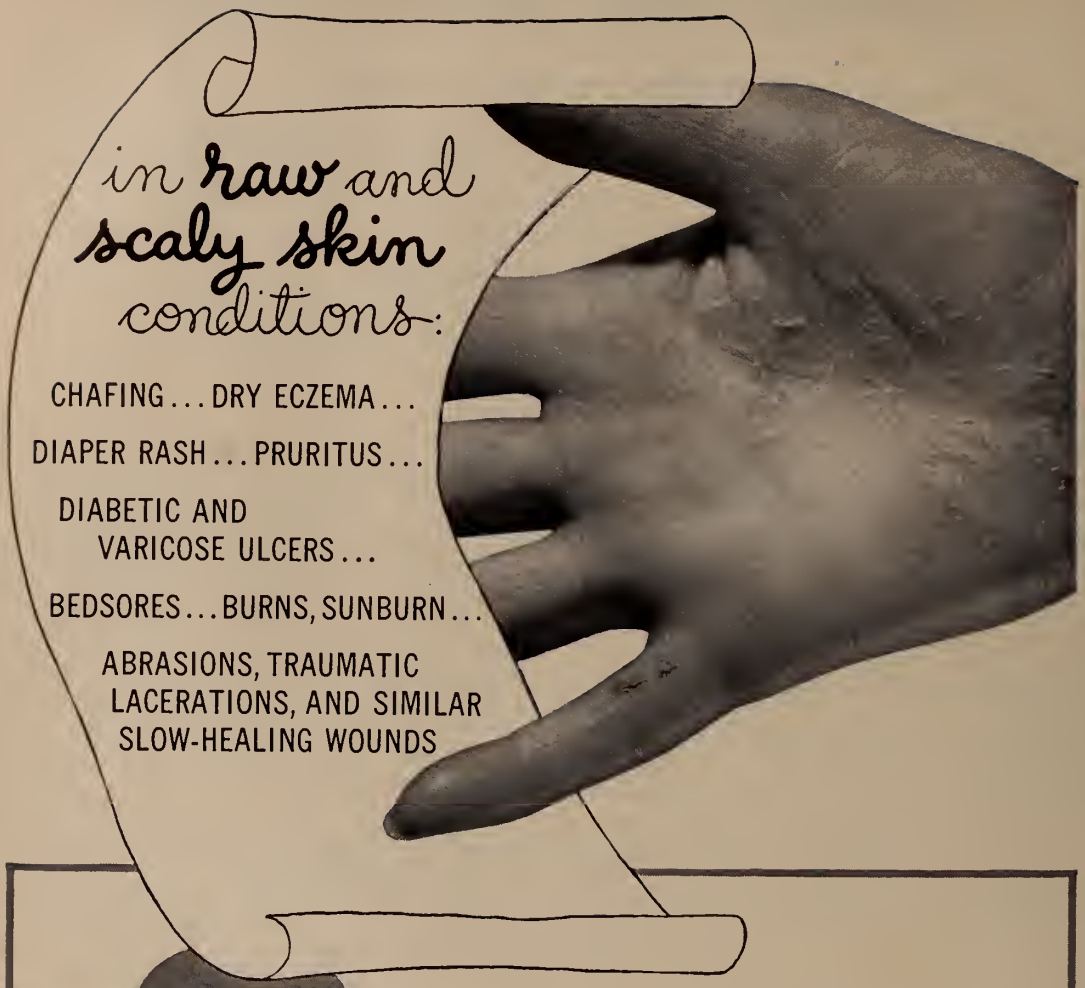
State Society will pay no bills for legal services except those contracted by the committee. Notify the Chairman at once. Do not employ attorneys.

Send advertising copy, and all communications relating to advertising to ILLINOIS MEDICAL JOURNAL, 30 N. Michigan Avenue, Chicago.

Original articles and membership correspondence to Dr. Harold M. Camp, Monmouth, Ill.

Society proceedings and news items and changes in the mailing list to Managing Editor, 30 N. Michigan Ave., Chicago 2, Illinois.

Subscription price of this JOURNAL to persons not members of the Illinois State Medical Society is $3.00 per year, in advance, postage prepaid, for the United States, Cuba, Puerto Rico, Philippine Islands, Hawaiian Islands and Mexico. $4.00 per year for all foreign countries included in the postal union. Canada, $3.50. Single current copies, 50 cents. By mail, 60 cents.



in raw and scaly skin conditions:

CHAFING... DRY ECZEMA...

DIAPER RASH... PRURITUS...

DIABETIC AND VARICOSE ULCERS...

BEDSORES... BURNS, SUNBURN...

ABRASIONS, TRAUMATIC LACERATIONS, AND SIMILAR SLOW-HEALING WOUNDS

White's

vitamin A & D ointment

"...a normalizer of the skin"

Available in ½ oz. tubes; 8 oz. and 16 oz. jars and 5 lb. containers

- **promotes healthy granulation**
- **accelerates liquefaction of necrotic tissue**
- **contains *no* phenol or other irritant**
- **softens and protects the skin surface**

Provides the natural vitamins A and D in a pleasantly fragrant lanolin-petrolatum base

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

'Beminal'®

For versatile "B" therapy

The **'Beminal'** family provides a choice of five distinctive forms and potencies for the effective treatment of vitamin **'B'** deficiencies. Each is designed to fill a particular need.

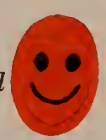
1. **'Beminal'** fortified with Iron, Liver and Folic Acid Capsule No. 821 is suggested for the treatment of iron deficiency anemias, certain macrocytic anemias and as adjunctive therapy in pernicious anemia.
2. **'Beminal'** with Iron and Liver Capsule No. 816 is recommended for the treatment of the various types of iron deficiency, occurring either as frank hypochromic microcytic anemia or as the less pronounced anemia of nutritional origin.
3. **'Beminal'** Forte with Vitamin C Capsule No. 817 is suggested when there is severe depletion of the patient's nutritional stores due to either prolonged dietary inadequacy or nutritive failure as a result of organic disease.
4. **'Beminal'** Forte Injectable (Dried) No. 495 provides, when reconstituted, a high concentration of important vitamin B factors for intensive therapy.
5. **'Beminal'** Tablets No. 815 may be of value if the vitamin B complex deficiency is mild or subclinical.



Ayerst, McKenna & Harrison *Limited*
22 East 40th Street, New York 16, N. Y.

'Beminal' *for* **'B'** *therapy*





4910

for relaxation
of reflex spasm
in neuromuscular
disorders



ORANIXON 'organon'

You may provide extraordinary relief for many of your patients suffering from hemiplegia, Parkinsonism, low back pain and other neuromuscular disturbances by prescribing Oranixon. Try Oranixon for some of your patients whose outlook appears hopeless—patients whose mentality and motor functions are "imprisoned" by their reflexes. You'll find that Oranixon has the unusual action of quieting over-active reflex motor centers—especially those of the midbrain—without interfering with voluntary actions or normal reflexes. Oranixon is available in two dosage forms: Tablets, each containing 250 mg. of 3-ortho-toloxy-1,2-propanediol, in bottles of 1000, 500, and 100; and Elixir, containing 400 mg. per teaspoonful, in bottles of 1 pint and 8 ounces.

T.M.—ORANIXON

ORGANON INC. • ORANGE, N. J.



Gives the cough relief your patient wants...



Leaves the cough reflex he needs



In the average case, it's usually possible to control the patient's cough—but often it's a real problem to do it without impairing the cough reflex he needs to keep bronchioles and throat passages clear. That's where you'll find pleasant-tasting Mercodol unique!

For Mercodol contains the cough-controlling narcotic[1] that gives better antitussive action than codeine or heroin, yet keeps beneficial cough reflex . . . a superior bronchodilator[2] to relax plugged bronchioles . . . an effective expectorant[3] to liquefy secretions. And you'll find Mercodol notably free from nausea, constipation, retention of sputum, and cardiovascular and nervous stimulation.

MERCODOL®

AN EXEMPT NARCOTIC

The antitussive syrup that controls cough—keeps the cough reflex

Merrell
1828
CINCINNATI • U. S. A.

Each 30 c.c. contains:
[1]Mercodinone* 10.0 mg.
[2]Nethamine® 0.1 gm.
[3]Sodium Citrate 1.2 gm.
*Trademark.

NOW! | *stable crystalline*

Sodium Penicillin G

by Tongue, by Lung, by G. I. Tract



By Tongue:

Sublingual PENALEV tablets (50,000 or 100,000 units) are rapidly absorbed, quickly create therapeutic penicillin blood levels.



By Lung:

Potent penicillin G aerosol solutions can be prepared readily by dissolving PENALEV tablets in water or normal saline.



By G. I. Tract:

PENALEV tablets dissolve promptly and completely in milk, fruit juices, or infant formulas, without appreciably changing their tastes.



Penalev

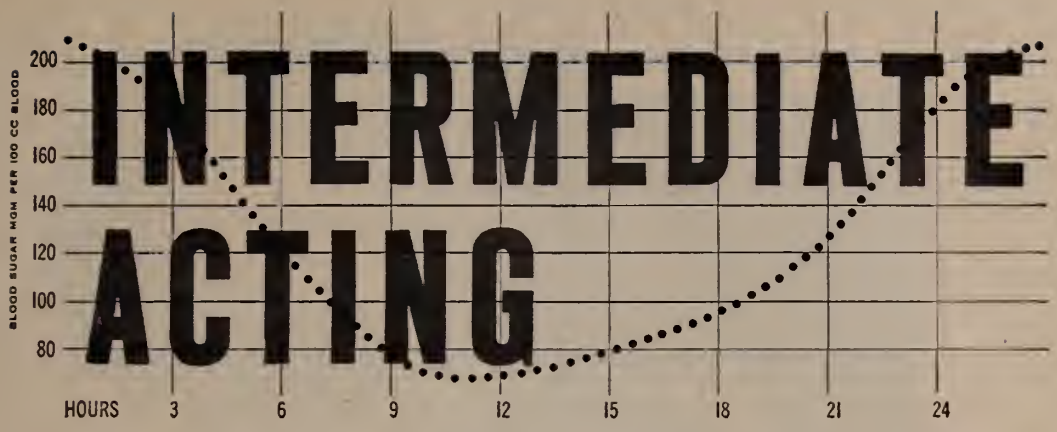
Soluble tablets sodium penicillin G: 50,000 and 100,000 units; vials of 12 tablets crystalline. Sharp & Dohme, Philadelphia 1, Pa.

Penalev®

SHARP & DOHME

Soluble Tablets Crystalline

Sodium Penicillin G



INTERMEDIATE ACTING

GLOBIN INSULIN

'B.W.& CO.'

...was developed to fill the "need for an insulin with activity intermediate between that of regular insulin and that of protamine zinc insulin."[1]

IN 1939, Reiner, Searle and Lang described a new "intermediate acting" insulin.

IN 1943, after successful clinical testing, the new substance was released to the profession as 'Wellcome' brand Globin Insulin with Zinc 'B. W. & Co.'

TODAY, according to Rohr and Colwell, "Fully 80% of all severe diabetics can be balanced satisfactorily"[2] with Globin Insulin 'B.W. & Co.'—or with a 2:1 mixture of regular insulin: protamine zinc insulin. *Ready-to-use* Globin Insulin 'B. W. & Co.' provides the desired intermediate action without preliminary mixing in vial or syringe.

In 10 cc. vials, U-40 and U-80.



'B.W.& CO.'—a mark to remember

1. Rohr, J.H., and Colwell, A.R.: Arch. Int. Med. 82:54, 1948.
2. ibid Proc. Am. Diabetes Assn. 8:37, 1948.

BURROUGHS WELLCOME & CO. (U.S.A.) INC. Tuckahoe 7, New York

Free flow with



Heparin/ Pitkin Menstruum

'WARNER'

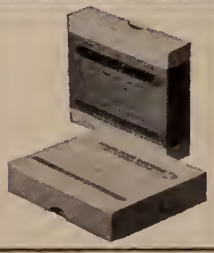
an anticoagulant preparation with prolonged action for the prevention and treatment of thromboembolic disorders.

HEPARIN/PITKIN MENSTRUUM 'Warner' is a safe and clinically established means of providing prolonged anticoagulation action in the body.

One subcutaneous injection of HEPARIN/PITKIN MENSTRUUM 'Warner' is usually sufficient to increase the blood coagulation time for a period of 24 to 48 hours . . . without the necessity for the cumbersome, discomforting and time-consuming procedures usually required when maintaining blood fluidity in thromboembolic disease.

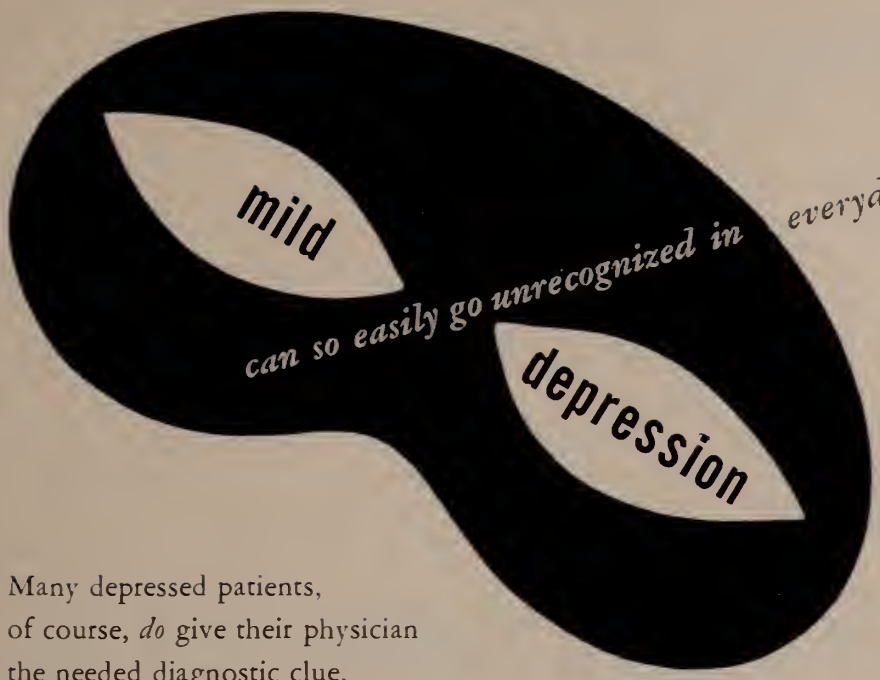
Heparin/ Pitkin Menstruum

'WARNER'



is available in 200-mg and 300-mg ampuls for subcutaneous injection, cartons of 6 ampuls each, with or without vasoconstrictors.

WILLIAM R. WARNER & CO., INC.
NEW YORK ST. LOUIS LOS ANGELES



can so easily go unrecognized in everyday practice

Many depressed patients,
of course, *do* give their physician
the needed diagnostic clue.
Without being asked, they tell of feeling
"tired all the time" or "despondent" or
"lethargic." Countless thousands of others,
however, will run to their physician with
every small somatic complaint and yet never
mention what really troubles them most:
their depression—a condition that so often
leads to physical as well as mental break-up.

In most of these patients, the uniquely
"smooth" anti-depressant effect of
'Dexedrine' Sulfate can help restore
mental alertness and optimism,
dispel psychogenic fatigue—
and thus "make life worth living."

Smith, Kline & French Laboratories, Philadelphia

Dexedrine* sulfate tablets • elixir

*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.

the anti-depressant of choice

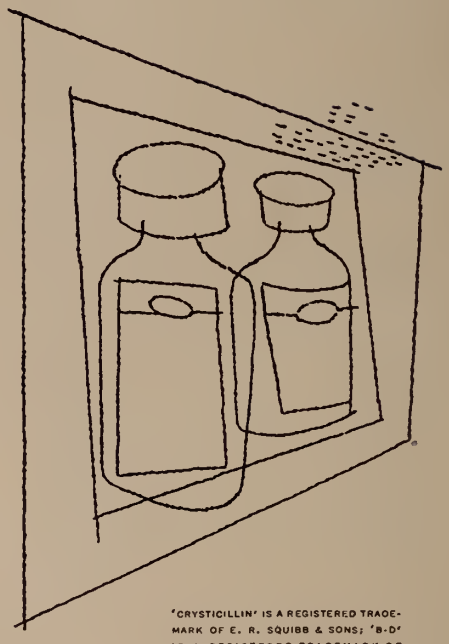
the new ready-to-inject

Crysticillin Suspension

SQUIBB Procaine Penicillin G in Aqueous Suspension

Stable for 1 year *at room temperature; no refrigeration required.*

SUPPLIED IN MULTIPLE DOSE VIALS,
1,500,000 and 3,000,000 units;
also in 300,000 unit B-D
cartridge with *disposable* syringe.



'CRYSTICILLIN' IS A REGISTERED TRADEMARK OF E. R. SQUIBB & SONS; 'B-D' IS A REGISTERED TRADEMARK OF BECTON-DICKINSON & CO.

SQUIBB A LEADER IN PENICILLIN RESEARCH AND MANUFACTURE



So palatable and so readily digestible is LIVIBRON, nutrient hematinic containing ferrous iron, liver concentrate, and vitamin supplements, that it is tolerated readily by even the most dyspeptic of patients. These are qualities which so eminently adapt it for use in senescence, during pregnancy, and through convalescence following surgery or debilitating illness.

Nutrient tonic and hematinic effects of LIVIBRON specifically offset post-illness asthenia. LIVIBRON may be used advantageously also to meet added vitamin and hematinic requirements of pregnancy and as a general supportive measure in the aged. The pleasant flavor of LIVIBRON assures its ready acceptance by children, too.

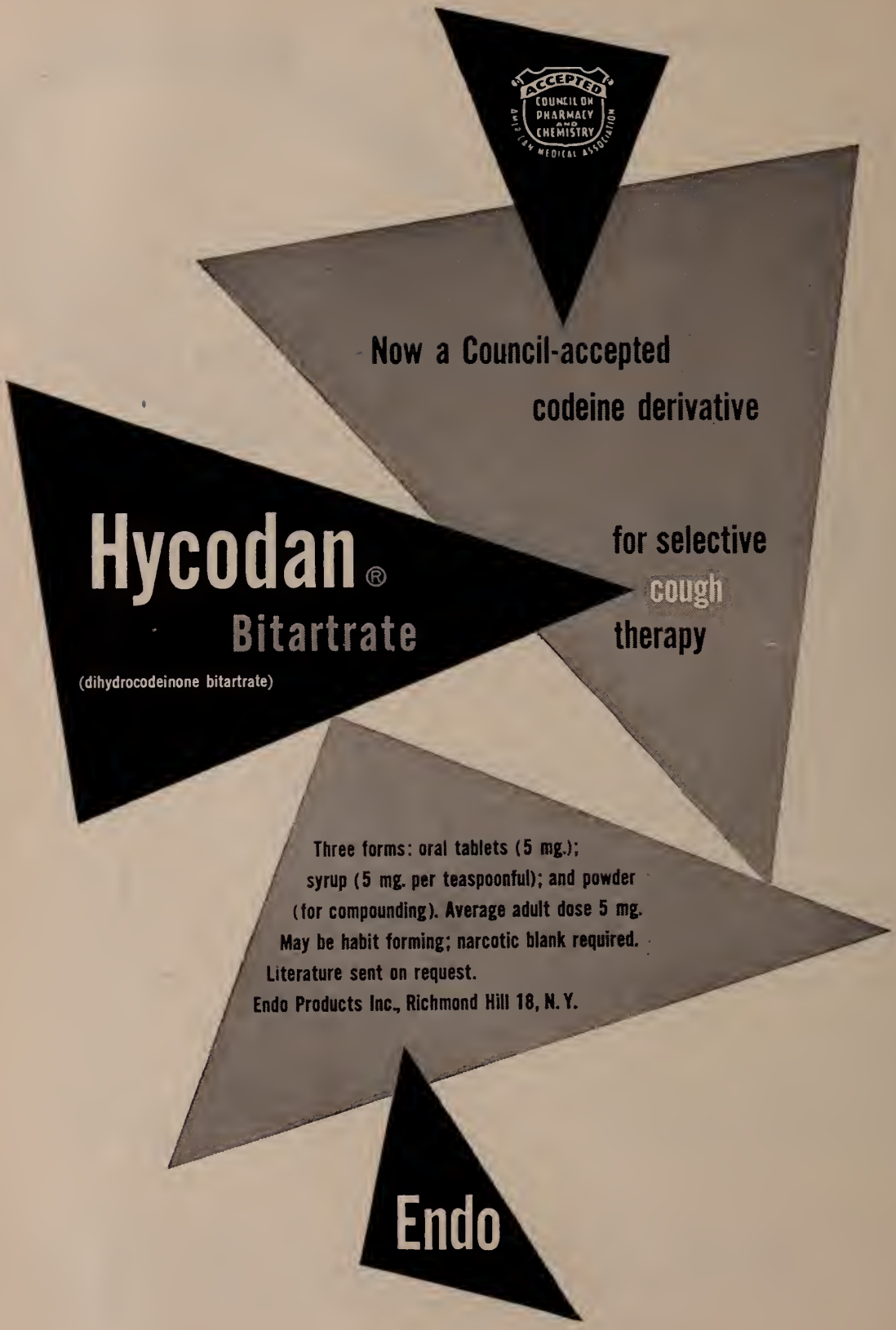
Each fluid ounce of LIVIBRON contains: liver concentrate equivalent to 10 Gm. fresh liver; thiamine 5 mg.; riboflavin 2 mg.; ferrous sulfate 12 gr.; manganese citrate ¼ gr.

LIVIBRON: Supplied in 8 ounce and 1 gallon bottles.

PARKE, DAVIS & COMPANY

DETROIT 32, MICHIGAN

MEDICAMENTA VERA · P D & CO.


ACCEPTED
COUNCIL ON PHARMACY AND CHEMISTRY
AMERICAN MEDICAL ASSOCIATION
Now a Council-accepted
codeine derivative
Hycodan®
Bitartrate
(dihydrocodeinone bitartrate)
for selective
cough
therapy
Three forms: oral tablets (5 mg.);
syrup (5 mg. per teaspoonful); and powder
(for compounding). Average adult dose 5 mg.
May be habit forming; narcotic blank required.
Literature sent on request.
Endo Products Inc., Richmond Hill 18, N. Y.
Endo



spasmolysis

spoonfed

For your discriminating choice of a spasmolytic agent, these striking characteristics of Robins' Donnatal Elixir are particularly noteworthy:

- It's o superior spasmolytic in the most voried manifestations of viscerol vogotonio—it suits the youngest, oldest, or the most finicky "toste."
- It provides the principol *naturol* bellodonna olkoloids in unvorying optimal rotios—is compotible with mony adjuvont medicotions.
- It comprehensively combines peripherol and centrol sedotion—for cases of eith[illegible]rogenic or psychogenic etiology.
- It's potent sposmolysis . . . **spoonfed!**

Each 5cc of Donnotol Elixir contains:
Hyoscyomine Sulfote . . . 0.1037 mg.
Atropine Sulfote . . . 0.0194 mg.
Hyoscine Hydrobromide . . . 0.0065 mg.
Phenoborbitol (¼ gr.) . . . 16.2 mg.

donnatal® elixir

Also ovoiloble os Donnotol Toblets ond Donnotol Copsules

Robins

A. H. Robins Co., inc.

Ethical Pharmaceuticals of Merit since 1878

Richmond 20, Va.

FOR WIDELY APPLICABLE READILY ACCEPTED SPASMOLYTIC THERAPY

in

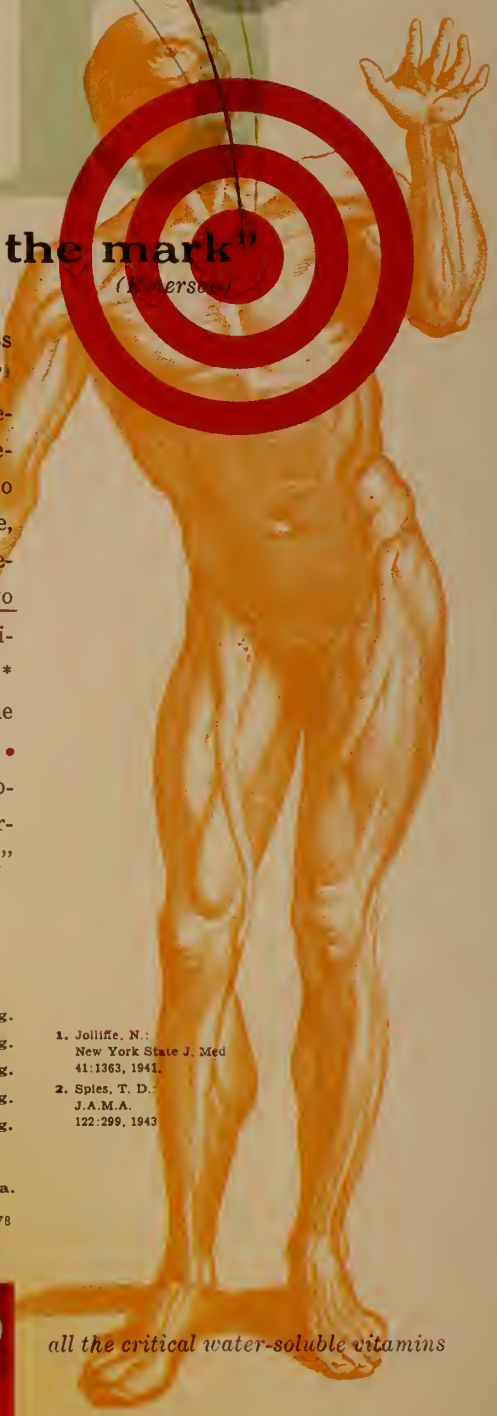
water-soluble

vitamin

therapy

"aim above the mark to hit the mark"

(Iverson)



"Err on the side of giving an excess rather than giving too little,"[1] urges Jolliffe on vitamin supplementation. Says Spies: "[Prescribe it] too soon rather than too late."[2] • In one small capsule, 'Robins' Allbee with C delivers the B-factors in two to fifteen times the minimum daily requirement* plus vitamin C in eight times the minimum daily requirement • Unmistakably, Allbee with C provides a ready means for water-soluble vitamin "saturation" therapy.

*or other official recommendations.

each capsule contains:

Thiamine Hydrochloride (B_1)	**15 mg.**
Riboflavin (B_2)	**10 mg.**
Calcium Pantothenate	**10 mg.**
Nicotinamide	**50 mg.**
Ascorbic Acid (C)	**250 mg.**

1. Jolliffe, N.: New York State J. Med 41:1363, 1941.
2. Spies, T. D.: J.A.M.A. 122:299, 1943

A. H. Robins Co., inc. Richmond 20, Va.

ETHICAL PHARMACEUTICALS OF MERIT SINCE 1878

allbee WITH **C** Robins

all the critical water-soluble vitamins

BACITRACIN-NASAL

CSC



More Than Symptomatic Relief

IN ACUTE AND CHRONIC SINUSITIS

Bacitracin-Nasal-C.S.C. is a valuable means of reducing the period of disability when acute sinusitis complicates coryza. Bacitracin, through its specific antibiotic properties, destroys many of the pathogens which flourish in the nose and accessory nasal sinuses. Desoxyephedrine, through its vasoconstrictor influence, improves ventilation and sinus drainage, thus enhancing the action of bacitracin. Bacitracin-Nasal-C.S.C. may be administered by means of a nebulizing spray or by the Parkinson lateral head-low position. Available in ½ ounce bottles on prescription at all pharmacies.

1. Nonallergenic, even on repeated administration.
2. An aqueous solution which does not inhibit ciliary activity.
3. Nonirritant, isotonic.
4. May be administered to both adults and infants.

CSC

When dispensed by the pharmacist each cc. of Bacitracin-Nasal-C.S.C. provides: bacitracin 250 units, desoxyephedrine hydrochloride 2.5 mg. (0.25%), sodium benzoate 1%. The solution is stable at room temperature for 5 to 7 days; at refrigerator temperature for 3 to 4 weeks.

C.S.C. Pharmaceuticals

A DIVISION OF COMMERCIAL SOLVENTS CORPORATION, 17 EAST 42ND STREET, NEW YORK 17, NEW YORK



why acne

clears up so rapidly

when you prescribe

Acnomel

ACNOMEL's rapid action is due, chiefly, to its remarkable vehicle. This special vehicle, which embodies an entirely new principle, assures the effectiveness of ACNOMEL's time-tested active agents. It has all the virtues of an oil-in-water emulsion, yet it is entirely free from wax, oil, or grease. ACNOMEL is stable, grease-free, flesh-tinted. It contains resorcinol, 2%; and sulfur, 8%. Available, on prescription only, in specially-lined 1½ oz. tubes.

Smith, Kline & French Laboratories, Philadelphia

Acnomel *a significant advance, clinical and cosmetic,* **in acne therapy**

Schering's

GRAMOLETS* troches —

for the mouth and pharynx

GRAMINASIN* nasal drops —

for intranasal administration

GRAMODERM* ointment

in Schering's new, nonirritating PROCUTAN* base —

for skin infections

PURE **POTENT** **PRACTICAL**

FOR LOCAL TREATMENT OF INFECTION

GRAMICIDIN is the pure active principle of tyrothricin freed of harmful impurities. GRAMICIDIN is an effective antibiotic for the control of infections due to gram-positive organisms.

*GRAMOLETS, GRAMINASIN, GRAMODERM and PROCUTAN trade-marks of Schering Corporation

Schering

SCHERING

CORPORATION · BLOOMFIELD, NEW JERSEY

GRAMICIDIN PRODUCTS



★ *Epileptic Men of Genius* ★

One of the greatest military leaders and statesmen of all times, Arthur Wellesley Wellington, is said to have suffered from attacks of epilepsy during his adult life.

Comparative studies have shown that in some cases better control of grand mal as well as petit mal seizures can be obtained with Mebaral than with corresponding doses of other antiepileptic drugs. Mebaral produces tranquillity with little or no drowsiness. It is particularly desirable not only in epilepsy but also in the management of anxiety states and other neuroses. The fact that Mebaral is almost tasteless simplifies its administration to children. Average dose for children ½ to 3 grains, adults 3 to 6 grains daily. Tablets ½, 1½ and 3 grains.

MEBARAL®
Brand of Mephobarbital

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

Winthrop-Stearns INC.
NEW YORK 13, N. Y. WINDSOR, ONT.

Mebaral, trademark reg. U. S. & Canada



a **new**
antibacterial
agent . . .

Wide antibacterial activity, low toxicity and virtual elimination of renal complications distinguish the use of Gantrisin* 'Roche', a new and remarkably soluble sulfonamide. Highly effective in urinary as well as systemic infections. Gantrisin does not require alkali therapy because it is soluble even in mildly acid urine. More than 20 articles in the recent literature attest its high therapeutic value and the low incidence of side-effects. Gantrisin is now available in 0.5 Gm tablets. as a syrup, and in ampuls. Additional information on request.

HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Gantrisin®

* *Brand of sulfisoxazole (3,4-dimethyl-5-sulfanilamido-isoxazole)*

'Roche'

new! new! new!

accent on therapeutics!

vi-syneral therapeutic

Vi-Syneral Therapeutic supplies in intensive therapeutic dosage not only the vitamins usually included in the therapeutic type of preparation, but also liver fractions, choline, inositol, folic acid . . . and eight nutritive minerals . . . based upon the original nutritional concepts of Dr. Casimir Funk . . . *that vitamins should be given with minerals* because they are functionally interrelated. The physician and surgeon, therefore, can anticipate results superior to those obtained with less complete formulas.

each dark colored capsule contains:		each light colored capsule contains:	
Vitamin A (natural)	*25,000 Units*	*Choline*	*20 mg.*
Vitamin D (natural)	*1,000 Units*	*Inositol*	*10 mg.*
Ascorbic Acid (C)	*150 mg.*	*d-Calcium Pantothenate*	*15 mg.*
Folic Acid	*1.76 mg.*	*Calcium* (as 0.5± Gm. di-calc. phosphate)	*160 mg.*
Thiamine HCl (B_1)	*15 mg.*	*Phosphorus*	*132 mg.*
Niacinamide	*150 mg.*	*Iron*	*15 mg.*
Riboflavin (B_2)	*10 mg.*	*Copper*	*1.5 mg.*
Pyridoxine HCl (B_6)	*5 mg.*	*Manganese*	*1.0 mg.*
Alpha-Tocopherol (E)	*10 mg.*	*Magnesium*	*1.0 mg.*
*Liver Fractions**	*200 mg.*	*Zinc*	*1.0 mg.*
**B complex factors derived from 7.5 Gm. of liver*		*Iodine*	*0.1 mg.*

Suggested dose: One dark and one light colored capsule daily.

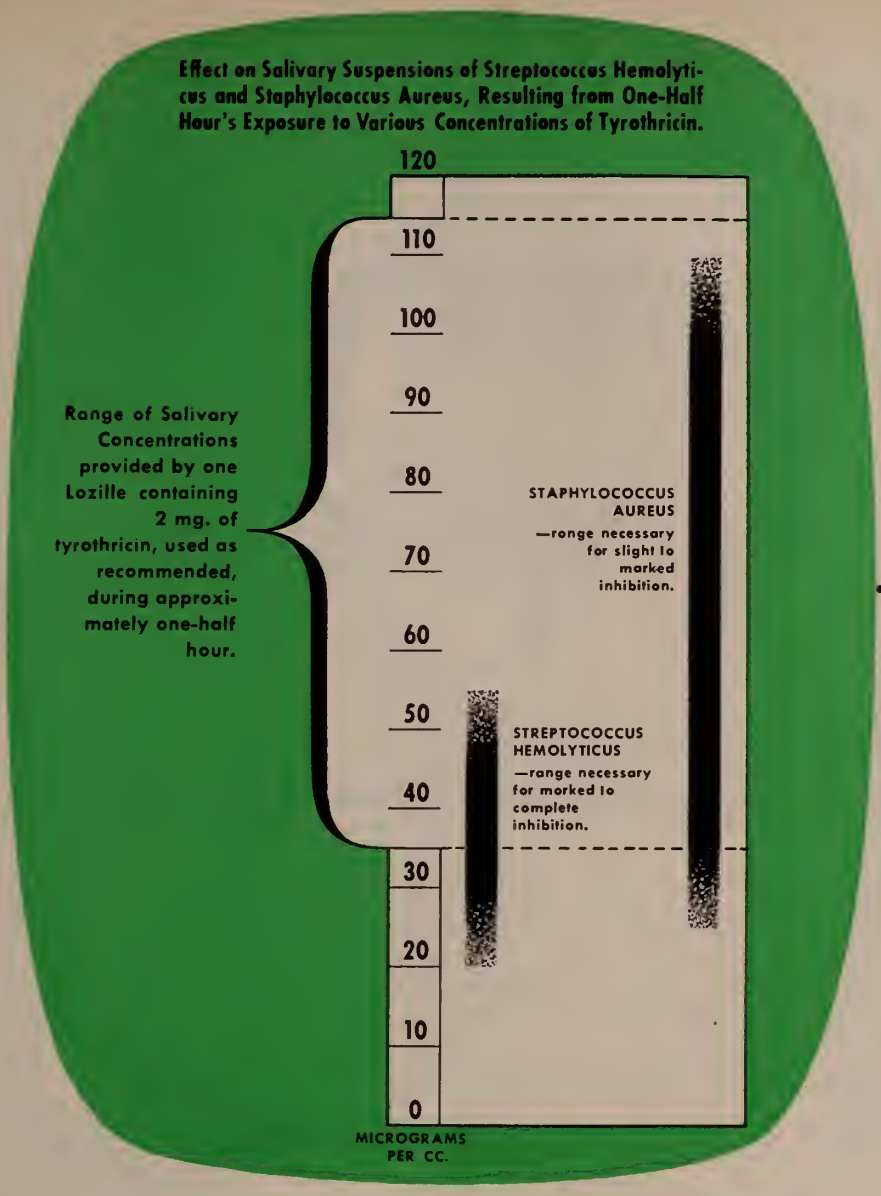
Prescription packages of 30, 50 and 100 capsules

Samples, literature from

u. s. vitamin corporation

casimir funk laboratories, inc. (affiliate)

250 E. 43rd St., New York 17, N.Y.



Effective Salivary Levels of Tyrothricin

Used as recommended, one Lozille maintains for approximately *one-half hour* salivary tyrothricin levels as shown in chart.

The sustained salivary concentrations insure broad antibacterial action against gram-positive organisms responsible for acute oropharyngeal infections.

Tyrothricin, unlike topical penicillin, is remarkable for its *lack of local toxicity*. Pleasant-tasting, Lozilles also provide propesin, for non-toxic, long-lasting analgesia.

Each Lozille contains *2 mg.* of tyrothricin and 2 mg. of propesin. Supplied in vials of 15 Lozilles.

LOZILLES

(Lah-Zeels)—TYROTHRICIN-PROPESIN LOZENGES

WHITE LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.



Leader in atomic research

dietary dub!

Intent upon an experiment with a hot sample, he forgets lunch—again—and his need for more sensible diet and supplementary vitamin B complex grows more pronounced. For him, and other patients with avitaminosis B, SUR-BEX Tablets supply the high potency vitamin B such deficiency states require. SUR-BEX Tablets are filled with an abundance of natural and synthetic B factors, making them suitable for both preventive and corrective use. One, two or more tablets daily may be prescribed as indicated. *For all their potency, SUR-BEX Tablets are pleasant and easy to take, because they are triple-coated to seal out moisture, seal in odors of liver, yeast, thiamine and other ingredients.* Pharmacists have them in bottles of 100, 500 and 1000. Remember—SUR-BEX for dietary dubs.
ABBOTT LABORATORIES, NORTH CHICAGO, ILLINOIS



Each triple-coated SUR-BEX Tablet contains natural and synthetic vitamins in these potencies:

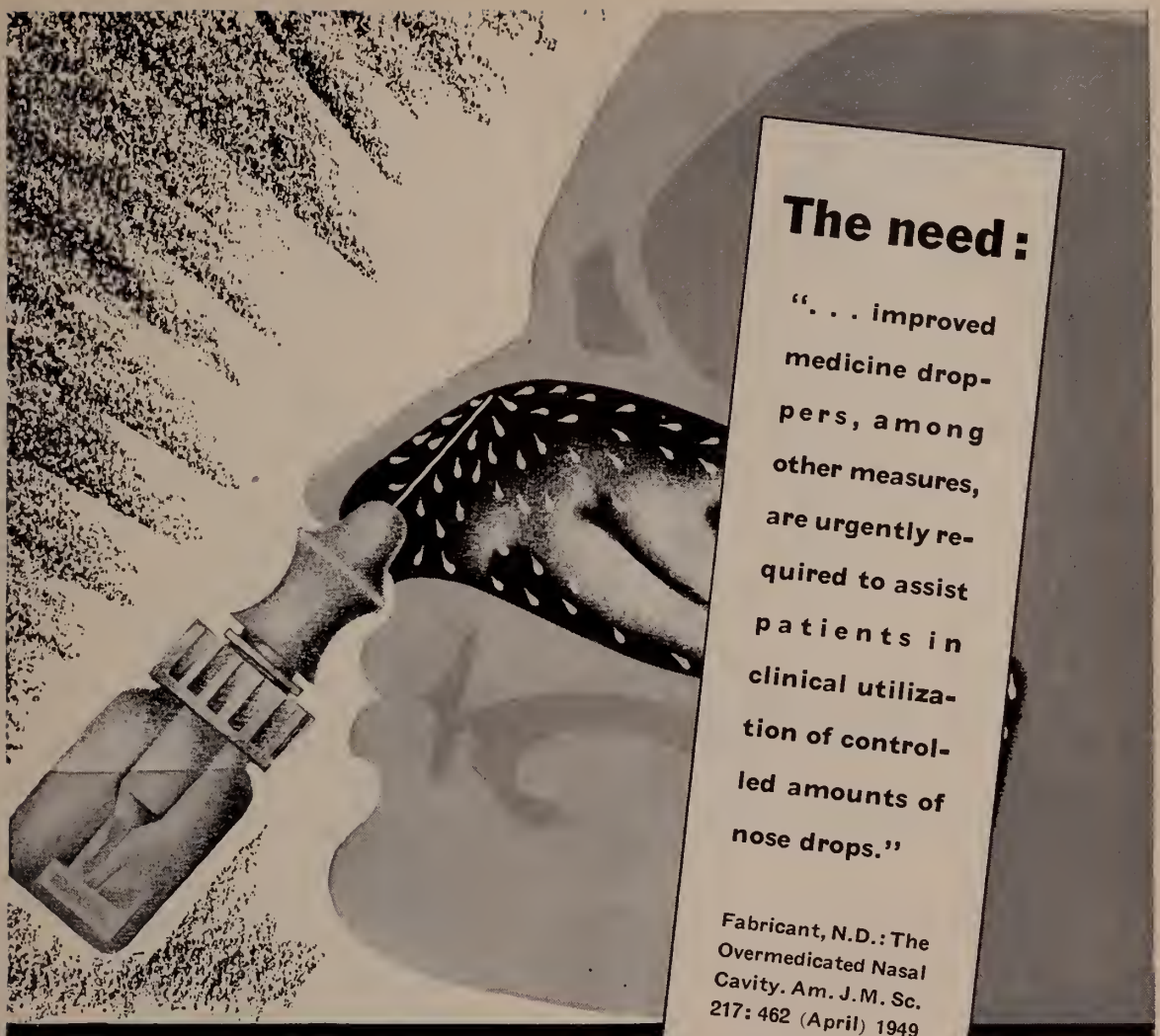
THIAMINE HYDROCHLORIDE (6 times MDR*)	6 mg.
RIBOFLAVIN (3 times MDR*)	6 mg.
NICOTINAMIDE (2 times RDA**)	30 mg.
PYRIDOXINE HYDROCHLORIDE	1 mg.
PANTOTHENIC ACID (as Calcium Pantothenate)	10 mg.
LIVER FRACTION (boiling water extract)	0.3 Gm. (5 grs.)
BREWER'S YEAST, DRIED	0.15 Gm. (2½ grs.)

*Minimum Daily Requirement.
**Recommended Daily Dietary Allowance.

Sur-bex®

(ABBOTT'S VITAMIN B COMPLEX TABLETS)

SUR-BEX WITH VITAMIN C contains the same rich store of vitamin B as regular SUR-BEX, plus 150 mg. ascorbic acid. Bright yellow, capsule-shaped tablets are supplied in bottles of 100, 500 and 1000.



The need:

". . . improved medicine droppers, among other measures, are urgently required to assist patients in clinical utilization of controlled amounts of nose drops."

Fabricant, N.D.: The Overmedicated Nasal Cavity. Am. J.M. Sc. 217: 462 (April) 1949

•

the answer:

JETOMIZER®

NASAL APPLICATOR

Superior to droppers or sprays

•

JETOMIZER makes it possible to administer nasal medication efficiently and with optimum safety and convenience.

- Distributes medication throughout the nasal airways
- Minimizes danger of serious overdosage
- No risk of injuring delicate tissue
- Easy to use—reclining position unnecessary
- Patients cooperate willingly
- Solves the nose-drop problem with children

Wyeth®

WYETH INCORPORATED, PHILADELPHIA 3, PA.



Because "SUDDEN" is a dangerous word in cases of hypertension... it has become almost instinctive with physicians to prescribe Nitranitol. An ideal vasodilator, Nitranitol produces *gradual* reduction of blood pressure in essential hypertension. Nitranitol maintains lowered levels of pressure for prolonged periods. Virtually non-toxic, Nitranitol is safe to use over long periods of time.

NITRANITOL®

For gradual, prolonged, safe vasodilation

Merrell
1828
CINCINNATI • U. S. A.

When sedation is desired. *Nitranitol with Phenobarbital.* (¼ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)

For extra protection against hazards of capillary fragility. *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)

Antibiotics



For the past several years, *Lederle* has conducted extensive research in the production and isolation of antibiotics. Scientific competition in this field has been keen and *Lederle* leadership has been achieved at the expense of a heavy investment in personnel, materials and money. Two antibiotics are widely used throughout the world—aureomycin and penicillin. The former is produced solely by *Lederle*. Penicillin in many new forms, both oral and parenteral, has been pioneered by *Lederle*.

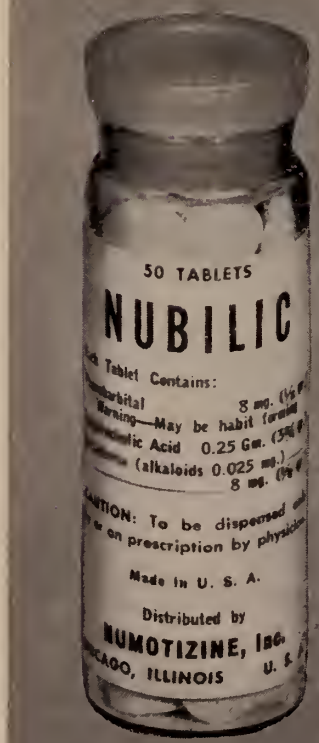


Lederle research never comes to a standstill, but on the contrary, proceeds apace; and will in due course produce many additional weapons for man's fight against parasitic microorganisms.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY 30 Rockefeller Plaza, New York 20, N. Y.

Comprehensive

GALLBLADDER MANAGEMENT



NUBILIC

A Less Viscous Bile

Nubilic presents dehydrocholic acid, the efficient hydrocholoretic agent which thins the liver bile and flushes the biliary passages.

A Relaxed Sphincter of Oddi

To further encourage free drainage, Nubilic contains belladonna, which relaxes the sphincter of Oddi. This action is further enhanced by the central sedation of phenobarbital.

Each NUBILIC Tablet contains:

Dehydrocholic acid.....0.25 Gm. (3¾ gr.)
Phenobarbital.....8 mg. (⅛ gr.)
Belladonna.....8 mg. (⅛ gr.)

Supplied in bottles of 25, 50 and 100.

NUMOTIZINE, Inc.
900 N. Franklin Street, Chicago 10, Illinois



During Pregnancy...

VITAMIN REQUIREMENTS ARE INCREASED

Vitamin deficiency may occur as a result of increased requirements during pregnancy, febrile conditions, hyperthyroidism, or other conditions in which the metabolism is greatly augmented.

The vitamin deficiencies most commonly seen are those of the B complex. Since deficiency of only a single vitamin of this group rarely occurs, and since many of the metabolic functions of members of the vitamin B complex are closely related, best results are obtained in most cases by administering *all* of the B complex vitamins known to be of importance in human nutrition. This can be done most conveniently by prescribing a sufficiently potent preparation containing these vitamins combined in properly balanced proportion.

MERCK VITAMINS

MERCK & CO., Inc. *Manufacturing Chemists* RAHWAY, N. J.

Just one teaspoonful daily supplies all of the essential vitamin B factors, in amounts moderately in excess of adult recommended daily dietary allowances*, plus suitable amounts of pyridoxine hydrochloride and calcium pantothenate.



A high potency source of B complex factors

particularly useful in treating vitamin B deficiency states which accompany congestive heart failure, liver disease, diabetes, hyperthyroidism, malignancy, prolonged vomiting, diarrhea and dietary restrictions.

- Pleasant-tasting, notably stable, non-alcoholic.
- An excellent drop-dosage supplement during early infancy.
- Freely soluble in milk and orange juice, may be taken directly.
- An ideal prescription ingredient.

White's

Multi-Beta liquid

Multi-purpose B complex source

**Provide safe margins over minimum daily requirements.*

WHITE LABORATORIES, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.



now, better relief with...

a distinctive, new, non-narcotic antitussive-expectorant

At last, something really new in cough syrups . . . something completely rational . . . clinically sound . . . Robitussin 'Robins'. Robitussin employs glyceryl guaiacolate and desoxyephedrine hydrochloride, in a palatable aromatic syrup vehicle.

Glyceryl guaiacolate has proven an effective aid to expectoration, and a cough ameliorator with prolonged action, through its increase in and thinning of respiratory tract fluid;[1,2,3] yet it has no ill effect upon digestion.

Desoxyephedrine's sympathomimetic action is also well recognized[4,5,6]: by relaxing spasm of the bronchial musculature and helping maintain normal respiratory smooth muscle tone it greatly minimizes the provocation of cough from spasm.[5] At the same time it affords relief from psychic depression or a feeling of fatigue.

The syrupy vehicle, with its aromatic volatile oils, has a local demulcent effect. Furthermore, it assures patient cooperation by providing a basis which makes Robitussin one of the most palatable of all antitussive-expectorants.

You will find Robitussin 'Robins' an exceptionally efficient, safe, therapeutic tool in the management of cough—for both adults and children.

Robitussin

Robins

rationally formulated!

clinically proved!

FORMULA: Each 5 cc. (1 teaspoonful) of Robitussin contains:
Glyceryl Guaiacolate . . . 100 mg.
Desoxyephedrine Hydrochloride . . . 1 mg.
In a palatable aromatic syrup.

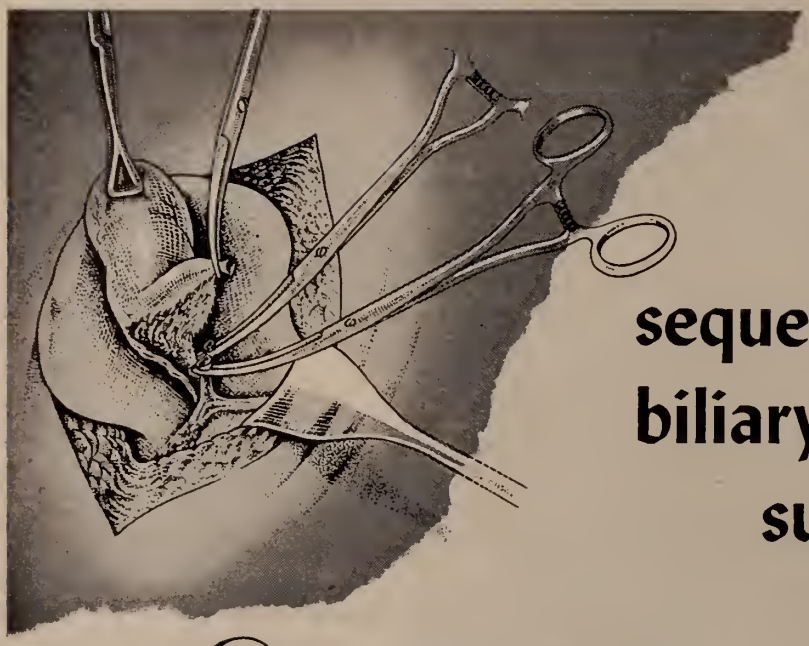
DOSAGE: Children: one-half to one teaspoonful according to age, three or more times daily. Adults: one or two teaspoonfuls, as necessary every two to three hours.

SUPPLIED: Pint and gallon bottles.

REFERENCES: 1. Connell, W. F. et al: Canadian Med. Assoc. J., 42:220, 1940. 2. Perry, W. F. and Boyd, E. M.: J. Pharm. Exper. Ther., 73:65, 1941. 3. Stevens, M. E. et al: Canadian Med. Assoc. J., 48:124, 1943. 4. Foltz, E. et al: J. Lab. Clin. Med., 28:603, 1943. 5. Graham, B.: Ind. Eng. Chem., Ind. Ed., 37:149, 1945. 6. Schulz, and Deckner, S.: Klin. Wochschr., 21:674, 19.

ROBITUSSIN—For *Rational* Cough Management

A. H. ROBINS COMPANY, INC.
RICHMOND 20, VIRGINIA
Ethical Pharmaceuticals of Merit since 18.



sequence in biliary tract surgery

preoperatively-Decholin

brand of dehydrocholic acid stimulates an abundant flow of thin bile, helping to "clear the arena" for surgery by the removal of inspissated bile, mucus, small stones and other accumulations from the choledochus. This powerful hydrocholeretic action also produces functional distension of the gallbladder and ducts, aiding in identification and surgical procedure.

postoperatively-Decholin

provides an effective means of flushing out the biliary tract. Used together with antispasmodics such as atropine and nitroglycerin, *Decholin* helps to remove blood clots, residual debris and hidden, small calculi. This method, recently re-emphasized by Best,[1] is useful with or without T tube drainage. In reflex biliary stasis, *Decholin* serves to prompt an adequate secretion of bile.

For more rapid and intense hydrocholeresis, *Decholin Sodium*, brand of sodium dehydrocholate, is given intravenously, followed by a course of *Decholin* tablets.

Decholin

brand of dehydrocholic acid

Decholin (brand of dehydrocholic acid) Tablets of 3¼ grains, in bottles of 25, 100, 500 and 1000.

Decholin Sodium (brand of sodium dehydrocholate) 20% solution, in ampuls of 3 cc., 5 cc. and 10 cc., boxes of 3 and 20.

1. Best, R. R.: Ann. Surg. 128: 348 (Sept.) 1948.

DECHOLIN and DECHOLIN SODIUM: Trademarks registered in U. S. and Canada.

AMES

AMES COMPANY, INC.
ELKHART, INDIANA



Meat...

Outstanding Value...

Outstanding Nutritional Benefits

Whether the pocketbook calls for economy or permits satisfaction of that urge for the fanciest cuts, meat gives your patients full value for their money. Every cut and kind of meat supplies, *in abundance*, these essential nutrients:

1. Biologically complete protein . . . the kind which satisfies the requirements for growth and which is needed daily for tissue maintenance, antibody formation, hemoglobin synthesis, and good physical condition.
2. The essential B complex vitamins, thiamine, riboflavin, and niacin.
3. Essential minerals, including iron in particular.

In addition to these tangible values, meat ranks exceptionally high not only in taste and palate appeal, but also in satiety value.

The instinctive choice of meat as man's favorite protein food has behind it sound nutritional justification.*

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

The Seal of Acceptance denotes that the nutritional statements made in this advertisement are acceptable to the Council on Foods and Nutrition of the American Medical Association.

*McLester, J. S.: Protein Comes Into Its Own, J.A.M.A. *139*:897 (Apr. 2,) 1949

American Meat Institute

Main Office, Chicago...Members Throughout the United States

"The best inhaler they have ever used!"



the new S.K.F. BENZEDREX INHALER

So much better that we have discontinued 'Benzedrine' Inhaler

Physicians tell us that they and their patients find BENZEDREX INHALER the best inhaler they have ever used.

The active ingredient of BENZEDREX INHALER is 1-cyclohexyl-2-methylaminopropane, a new S.K.F. compound. It has exactly the same agreeable odor as Benzedrine*, gives even more effective and prolonged shrinkage, and does NOT produce excitation or wakefulness.

We are sure you will find that BENZEDREX INHALER is the best volatile vasoconstrictor you have ever used.

Smith, Kline & French Laboratories, Philadelphia

Each BENZEDREX INHALER is packed with 1-cyclohexyl-2-methylaminopropane, S.K.F., 250 mg.; and aromatics.

*'Benzedrine' (racemic amphetamine, S.K.F.) and 'Benzedrex' T.M. Reg. U.S. Pat. Off.







Accent on Prevention

The absence of effective drugs with which to treat influenza leaves prevention as the physician's only alternative. In a high percentage of cases, immunity results from a single 1-cc. subcutaneous injection of Influenza Virus Vaccine, Types A and B, Lilly. To insure maximum protection, the fall inoculation should be followed in three or four months by a second injection. For more complete information, write for a copy of *Influenza Virus Vaccine, Types A and B* (A-1341A).



Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.





EXPERTS WHO TREAT STUFFY NOSES



A quick, deft manipulation and the pledget of cotton is securely in place, a foreign body is safely removed from an eye, or a tonsil is adroitly snared. Specialists in eye, ear, nose, and throat practice take for granted the high degree of skill acquired from day-to-day experience.

Behind the scenes, in the medical research laboratories of the nation, groups of skilled scientists are at work on the doctor's problems. Can this sympathomimetic drug be made more effective, less toxic? Will altering the chemical structure of an antihistaminic compound remove the undesirable side-effects without destroying its desirable qualities? Can this local anesthetic be improved? These are only a few of the day-to-day concerns which challenge the skills of the specialists representing all branches of medical science at the Lilly Research Laboratories. The result of their findings is reflected in the continuing flow of new and better preparations destined for the patient via the physician's prescription.



Lilly

LILLY SPECIALISTS SERVE THE MEDICAL PROFESSION

The ILLINOIS Medical Journal

Official Journal of the Illinois State Medical Society

Harold M. Camp, EDITOR. Theodore R. Van Dellen, ASSOCIATE EDITOR.

EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry Culver, Walter Stevenson, Raymond W. McNealy, Arkell M. Vaughn.

Vol. 96, No. 5 November, 1949

AWARDS FOR OUTSTANDING PAPERS PUBLISHED IN THE JOURNAL

The Editorial Board and the Journal Committee held a joint meeting recently to select the outstanding papers published in the Illinois Medical Journal during the 1948-1949 fiscal year. Consideration was given to papers published from July 1948 through June 1949. In keeping with previous regulations, the papers were considered in two classes: (a) for the best paper from a literary standpoint and (b) for the most outstanding original work presented in a paper or scientific editorial.

As previously stated, papers written by members of the Illinois State Medical Society were the only ones eligible for the awards. The joint committee discovered that many fine papers had been published during the year, and it was a difficult task indeed to determine which were entitled to the prizes.

Papers were considered under a plan previously agreed upon by the group.

1. What does the article contribute scientifically?
2. How easy is it to read?
3. The construction and grammar
4. With what authority does the author speak? (bibliography, research, etc)

Each member of this joint committee had been going over all papers and scientific editorials for several weeks prior to the meeting and each in turn listed those which they thought were worthy of a more critical consideration. After a considerable amount of discussion and the final vote was taken, the following awards were made:

Class A — the best written article

"Intrathecal Therapy Contraindicated for Meningitis"

Archibald L. Hoyne, Chicago, published in the November 1948 issue of the Journal.

Class B — outstanding original work

"The Clinical Interpretation of Sternal Puncture"

Paul L. Bedinger and Louis R. Limarzi, Chicago, published in the December, 1948 issue of the Journal.

In view of the fact that many papers were of high class and were seriously considered for the awards, it was generally agreed that the joint committee would recommend to the Council that in future years instead of giving cash awards, certificates or medals should be given, somewhat similar to the awards given each year during the annual meeting to the outstanding scientific exhibits prepared by members of the Society.

It was the desire of all members present at this meeting that more publicity be given in the



Winners of Illinois Medical Journal Awards

Archibald L. Hoyne | Paul L. Bedinger | Louis R. Limarzi

Journal relative to the type of papers that are desired for publication. Many articles during the past year have been returned to authors because they were too long, or for the reason that they were not considered as being of sufficient interest to the average reader of the Journal. Many of these were shortened and accepted later, while others were submitted to some of the speciality journals for publication.

The Editorial Board and the Journal Committee are anxious to see members of the Society submit papers on timely subjects which will be of greater interest to the physicians of Illinois as a whole, rather than too highly technical papers of interest to a relatively small percentage of the readers of the Journal. Likewise it is generally desired that we publish as many papers as possible in each issue of the Journal. With this in mind it seems quite obvious that papers need not be long to give the desired information.

Those responsible for the publication of the Illinois Medical Journal once more wish to thank the many authors for the fine papers which have been submitted for publication during the past year and likewise give assurance that all papers received will be given careful consideration in the future.

Tuberculosis is preventable and eradicable. In the United States it causes one death every nine minutes. Illinois needs 3000 additional sanitarium beds.

ACTH AND CORTISONE

We will need to change many of our concepts of certain diseases if cortisone and adrenocorticotropin (ACTH) live up to the expectations of present clinical evidence. From the reports to date, there has been nothing so dramatic in medicine. Few if any remedies have done so much in a short time. The compounds are being used in arthritis, gout, rheumatic fever, myasthenia gravis, depressive states, nephritis, psoriasis, pemphigus, lupus erythematosis, periarteritis nodosa, and other chronic diseases. Thus far, the results in general have been good. Time will tell, however, as all new products must be digested clinically before the final analysis. At any rate, we hope for the best.

Premature publicity has led to a tremendous demand for these substances. This is unfortunate especially for physicians who are trying earnestly to evaluate the hormones and for victims of chronic and incurable ailments who must wait until the compounds become available generally. In this respect, "what we do not know, we do not miss" is applicable. On the other hand, premature publicity in this day and age can hardly be avoided when medical news is not kept within the profession but is shared by all.

ACTH is obtained from the anterior lobe of the pituitary glands of hogs; cattle and sheep pituitaries are not used because the yield is too small. According to Armour and Company, it takes about 400,000 hog pituitaries to make a

pound of ACHT and, at the present production rate, approximately 60 pounds can be made annually. From this amount it is possible to obtain 2,800,000 ten-milligram dose units. But since the daily starting dose in arthritis is approximately 100 mg., it is obvious that much more will be needed. Furthermore, ACHT is not curative; unless a maintenance dose is continued, symptoms return. As it now stands there will not be enough to treat all of our arthritic patients, let alone victims of other diseases. It has been estimated that production must increase from five to ten thousand times the present rate to supply the current demand.

Research is being conducted to increase the yield, to experiment with smaller doses, and to synthesize ACTH. Insulin has resisted synthesis for over 25 years and if ACTH follows suit, little can be expected along this line. The solution may be found through cortisone, however, which is being investigated with equal vigor. This secretion is extracted with difficulty from ox bile but there are other sources (yams and strophanthus seeds) that may increase the output tremendously. Furthermore, the adrenal cortex produces twenty-eight distinct steroids and it is possible that some of these chemicals may have an action similar to cortisone. The real answer lies in chemistry because a synthetic product would solve the manufacturing problem and place the drugs within reach of the average pocketbook.

At the present time the remedies are not available for treatment except in certain research centers and on carefully selected patients. This is understandable because the hormones are as potent as they are scare. They have, in addition to their action on the connective tissue, a definite metabolic effect on the body which will require careful evaluation. Euphoria is a frequent accompaniment and the electrolytic balance is altered. It is possible that other physiological changes occur especially when administered over a long period of time.

AS THEY SEE IT

The British system of socialized medicine has presented many problems to the specialists and general practitioners of England. From time to time their difficulties are aired in the medical journals; some are in a humorous vein, others are more serious, but we hope not indicative of the hand writing on the wall. In the September 3, 1949, issue of the British Medical Journal several examples are to be found in the section for "Correspondence" and "Questions Answered." In one of these, the following argument is used by a practitioner who is irate because he cannot be his own doctor:

"If any notice is taken of the Minister's ruling it will be particularly unfair to the doctor practising in an isolated village, for it will mean that he alone of all the village is denied the benefits of the Health Service, while still being obliged to pay for it in stamps and taxation. It will also be unfair to the man who knows that his own treatment is the best available in the district (and in spite of this Government's exaltation of mediocrity for its own sake there must usually be a best). Is he to be compelled to accept second best or pay for his medicine? This seems very far removed from the Minister's rosy promises."

Another question centers about a specialist who is befuddled about the regulations governing the payment of mileage. "I am a full-time surgeon living 'out' three miles from the hospital. I am obliged to travel daily at least once and am on duty every third twenty-four hours for emergencies. There is also domiciliary work. Am I entitled to call myself a 'regular' user and to receive £52 per annum and 3½d. per mile over 2,000 miles? If not, to what am I entitled?" The answer to his question at first reminded us of Army regulations. But, as we continued, the answer became more and more complex. It is too long to include in this editorial but we might add that Army regulations were never this complicated. To learn the rules and regulations, benefits and privileges of socialized medicine would require another year in medical school, unless, of course, an expert could be hired as we now do in computing our income tax. Up until this time we have been aware of the problems associated with keeping detailed records on patients but this business of doing the same with mileage is a horse of another color.

A suggestion also was made that the profession would fare better if it were organized as a medical trade union. They cite Webbs' definition of trade unionism: "A trade union as we understand the term is a continuous association of wage-earners for the purpose of maintaining or improving the conditions of their employ-

ment. The purpose of the trade union is the protection of the standard of life—that is to say, the organized resistance to any innovation likely to tend to the degradation of the wage-earners." The argument continues and the advantages are cited. It boiled down to the fact that the medical profession at it stood was "materially impotent in our negotiations with the Government." The writer then became more practical by acknowledging that "we, too, are workers, or wage-earners, in the full sense of the word. Let us organize ourselves accordingly."

Physicians, in general, abhor the idea of being unionized as a trade. But anything is possible, of course, when conditions become so desperate that a choice must be made to survive.

ACTIVITIES OF COMMITTEE ON MEDICAL HISTORY

The Committee on Medical History is engaged in assembling data for the use of whoever is finally selected to write the next volume of medical history. Miss Ella Salmonsen, medical librarian at the John Crerar Library, is in charge of this work. She is assisted by Miss Carr, librarian at Northwestern University Medical School, and Miss Price, reference librarian at the same institution. Members of the Woman's Auxiliary are also working on this. Among other things they are at the moment writing the history of medical journals. The Crerar Library has been made the official depository of historical material of the Illinois State Medical Society.

The Committee needs histories of county medical societies. We already have several. Dr. F. Garm Norbury recently sent one of the Morgan County Medical Society and also a history of Illinois Medical College, which at one time was located in Jacksonville. Both of these were edited by the late Dr. Carl E. Black. The high lights of medicine of Winnebago County were contributed by Dr. John H. Maloney. The history of Warren County is being written by Dr. Charles P. Blair. The story of Will County has been completed by Dr. Marion H. Bowles. Dr. Leslie W. Young is beginning an account of Wayne County. Dr. Andy Hall has sent in a lot of interesting and valuable information regarding his section of the state. Dr. E. B. Montgomery of Quincy has sent in a great deal of material, some of which could probably have been acquired from no one except Dr. Montgomery. He has supplied the history of Adams and adjoining counties and the military tract and the history of obstetrics and gynecology in Adams County and other valuable material. Dr. Helga Ruud has written a story of the Woman's Medical College in Chicago and an introduction to the history of medical women in Illinois.

A number of counties have appointed historians and, as indicated above, some of them have about completed their work. The Committee is very anxious to hear from the others.

MEDICAL ETHICS

On June 4, 1850 the Illinois State Medical Society met in Springfield to reorganize. Having come to order in the State Library Room, Dr. Rudolphus Rouse of Peoria assumed the chair on the motion of Dr. Herrick of Chicago. That afternoon the House adopted a Constitution and By-Laws and elected officers for the coming year.

These physicians set about, as their first order of business, the establishing of that intangible, elusive quality — ethics. Under high standards they waved the various banners of "The duties of physicians to their Patients" — this was first and foremost even as it is today. Then followed a list of the "Obligations of Patients to their Physicians". However, these early men had no public relations bureau to publicize the public's duty to physicians. These tireless family doctors said, hopefully, "A patient should never weary his physician with tedious detail of events or matters not appertaining to his disease".

Interesting sidelights on "The Duties of Physicians to Each Other and to the Profession at Large" follow. Article One lists the duties for the support of professional character. Consultations were important events in those days, and if the routine procedure advocated in 1850 were followed today, few chance remarks of one physician about another would clutter the law courts of the country.

"The Principles of Medical Ethics" have come down through the centuries from the Oath of Hippocrates. The various state societies have turned this writing of unwritten principles over to the American Medical Association. Revision has followed revision as new problems arose.

The Principles of Medical Ethics of the American Medical Association which were adopted by the House of Delegates of the A.M.A. at the Atlantic City meeting in 1949 follow this article.

Each member of this Society should read and study this material. The art of medicine is embodied in these principles, at it has been since the gods on Olympus gave mortals their first taste of the milk of human kindness.

Certain changes have been made — the dissemination of educational material is not advertising — contracts are defined.

The Principles of Medical Ethics will soon be available in booklet form, and each member of the Illinois State Medical Society may secure a copy by writing to the office of the Secretary, Monmouth.

PRINCIPLES OF MEDICAL ETHICS

CHAPTER I

GENERAL PRINCIPLES

Character of the Physician

Secton 1.—The prime object of the medical profession is to render service to humanity; reward or financial gain is a subordinate consideration. Whoever chooses this profession assumes the obligation to conduct himself in accord with its ideals. A physician should be "an upright man, instructed in the art of healing." He must keep himself pure in character and be diligent and conscientious in caring for the sick. As was said by Hippocrates, "He should also be modest, sober, patient, prompt to do his whole duty without anxiety; pious without going so far as superstition, conducting himself with propriety in his profession and in all the actions of his life."

THE PHYSICIAN'S RESPONSIBILITY

Sec. 2—"The profession of medicine, having for its end the common good of mankind, knows nothing of national enmities of political strife, of sectarian dissensions. Disease and pain the sole conditions of its ministry, it is disquieted by no misgivings concerning the justice and honesty of its client's cause; but dispenses its peculiar benefits without stint or scruple, to men of every country, and party and rank, and religion, and to men of no religion at all."

GROUPS AND CLINICS

Sec. 3—The ethical principles actuating and governing a group or clinic are exactly the same as those applicable to the individual. As a group or clinic is composed of individual physicians, each of whom, whether employer, employee or partner, is subject to the principles of ethics herein elaborated, the uniting into a business or professional organization does not relieve them either individually or as a group from the obligation they assume when entering the profession.

ADVERTISING

Sec. 4—Solicitation of patients, directly or indirectly, by a physician, by groups of physicians or by institutions or organizations is unethical. This priniciple protects the public from the advertiser and salesman of medical care by establishing an easily discernible and generally recognized distinction between him and ethical physician. Among unethical practices are included the not always obvious devices of furnishing or inspiring newspaper or magazine comments concerning cases in which the physician or group or institution has been, or is, concerned. Self laudations defy the traditions and lower the moral standard of the medical profession; they are an infraction of good taste and are disapproved.

EDUCATIONAL INFORMATION NOT ADVERTISING

Sec. 5—Many people. literate and well educated, do not possess a special knowledge of medicine. Medical books and journals are not easily accessible or readily understandable.

The medical profession considers it ethical for a physician to meet the request of a component or constituent medical society to write, act or speak for general readers or audiences. The adaptability of medical material for presentation to the public may be perceived first by publishers, motion picture producers or radio officials.

These may offer to the physician opportunity to release to the public some article, exhibit or drawing. Refusal to release the material may be considered a refusal to perform a public service, yet compliance may bring the charge of self seeking or solicitation. In such circumstances, the physician should be guided by the decision of official agencies established through component and constituent medical organizations.

A physician who desires to know whether, ethically, he may engage in a project aimed at health education of the public should request the approval of the designated officer or committee of his county medical society.

The most worthy and effective advertisement possible, even for a young physician, especially among his brother physicians, is the establisment of a well merited reputation for professional ability and fidelity. This cannot be forced, but must be the outcome of character and conduct. The publication or circulation of simple professional cards is approved in some localities but is disapproved in others. Disregard of local customs and offenses against recognized ideals are unethical.

The promise of radical cures or boasting of cures or of extraordinary skill or success is unethical.

An institution may use means, approved by the medical profession in its own locality, to inform the

public of its address and the special class, if any, of patients accommodated.

PATENTS, COMMISSIONS, REBATES AND SECRET REMEDIES

Sec. 6—An ethical physician will not receive remuneration from patents on or the sale of surgical instruments, appliances and medicines, nor profit from a copyright on methods or procedures. The receipt of remuneration from patents or copyrights tempts the owners thereof to retard or inhibit research or to restrict the benefits derivable therefrom to patients, the public or the medical profession. The acceptance of rebates on prescriptions or appliances, or of commissions from attendants who aid in the care of patients is unethical. An ethical physician does not engage in barter or trade in the appliances, devices or remedies prescribed for patients, but limits the sources of his professional income to professional services rendered only in the amount of his fee specifically announced to his patient at the time the service is rendered or in the form of a subsequent statement, and he should not accept additional compensation secretly or openly. directly or indirectly, from any other source.

The prescription or dispensing by a physician of secret medicines or other secret remedial agents, of which he does not know the composition, or the manufacture or promotion of their use is unethical.

EVASION OF LEGAL RESTRICTIONS

Sec. 7—An ethical physician will observe the laws regulating the practice of medicine and will not assist others to evade such laws.

CHAPTER II
DUTIES OF PHYSICIANS TO THEIR PATIENTS

Standards, Usefulness, Nonsectarianism

Sec. 1—In order that a physician may best serve his patients, he is expected to exalt the standards of his profession and to extend its sphere of usefulness. To the same end, he should not base his practice on an exclusive dogma or a sectarian system, for "sects are implacable despots; to accept their thralldom is to take away all liberty from one's action and thought."* A sectarian or cultist as applied to medicine is one who alleges to follow or in his practice follows a dogma, tenet or principle based on the authority of its promulgator to the exclusion of demonstration and scientific experience. All voluntarily associated activities with cultists are unethical. A consultation with a cultist is a futile gesture if the cultist is assumed to have the same high grade of knowledge, training and experience as is possessed by the doctor of medicine. Such consultation lowers the honor and dignity of the profession in the same degree in which it elevates the honor and dignity of those who are irregular in training and practice.

PATIENCE, DELICACY AND SECRECY

Sec. 2—Patience and delicacy should characterize the physician. Confidences concerning individual or domestic life entrusted by patients to a physician and defects in the disposition or character of patients observed during medical attendance should never be revealed unless their revelation is required by the laws of the state. Sometimes, however, a physician must determine whether his duty to society requires him to employ knowledge, obtained through confidences entrusted to him as a physician, to protect a healthy person against a communicable disease to which he is about to be exposed. In such instance, the physician should act as he would desire another to act toward one of his own family in like circumstances. Before he determines his course, the physician should know the civil law of his commonwealth concerning privileged communications.

PROGNOSIS

Sec. 3.—The physician should neither exaggerate nor minimize the gravity of a patient's condition. He should assure himself that the patient, his relatives or his responsible friends have such knowledge of the patient's condition as will serve the best interests of the patient and the family.

THE PATIENT MUST NOT BE NEGLECTED

Sec. 4.—A physician is free to choose whom he will serve. He should, however, respond to any request for his assistance in an emergency or whenever temperate public opinion expects the service. Once having undertaken a case, the physician should not neglect the patient, nor should he withdraw from the case without giving notice to the patient, his relatives, or his responsible friends sufficiently long in advance of his withdrawal to allow them to secure another medical attendant.

CHAPTER III
DUTIES OF PHYSICIANS TO EACH OTHER AND TO THE PROFESSION AT LARGE

ARTICLE I.—Duties to the Profession

UPHOLDING THE HONOR OF THE PROFESSION

Sec. 1.—A physician is expected to uphold the dignity and honor of his vocation.

MEMBERSHIP IN MEDICAL SOCIETIES

Sec. 2.—For the advancement of his profession, a physician should affiliate with medical societies and contribute of his time, energy and means so that these societies may represent the ideals of the profession.

SAFEGUARDING THE PROFESSION

Sec. 3.—Every physician should aid in safeguarding the profession against admission to it of those who are deficient in moral character or education.

Sec. 4.—A physician should expose, without fear or favor, incompetent or corrupt, dishonest or unethical conduct on the part of members of the profession. Questions of such conduct should be considered, first, before proper medical tribunals in executive sessions or by special or duly appointed committees on ethical relations, provided such a course is possible and provided, also, that the law is not hampered thereby. If doubt should arise as to the legality of the physician's conduct, the situation under investigation may be placed before officers of the law, and the physician-investigators

may take the necessary steps to enlist the interest of the proper authority.

ARTICLE II.—PROFESSIONAL SERVICES OF PHYSICIANS TO EACH OTHER

Dependence of Physicians on Each Other

Sec. 1.—As a general rule, a physician should not attempt to treat members of his family or himself. Consequently, a physician should cheerfully and without recompense give his professional services to physicians or their dependents if they are in his vicinity.

COMPENSATIONS FOR EXPENSES

Sec. 2.—When a physician from a distance is called to advise another physician about his own illness or about that of one of his family dependents, and the physician to whom the service is rendered is in easy financial circumstances, a compensation that will at least meet the traveling expenses of the visiting physician should be proffered him. When such a service requires an absence from the accustomed field of professional work of the visitor that might reasonably be expected to entail a pecuniary loss, such loss may, in part at least, be provided for in the compensation offered.

ONE PHYSICIAN IN CHARGE

Sec. 3.—When a physician or a member of his dependent family is seriously ill, he or his family should select one physician to take charge of the case. The family may ask the physician in charge to call in other physicians to act as consultants.

ARTICLE III.—DUTIES OF PHYSICIANS IN CONSULTATIONS

CONSULTATIONS SHOULD BE ENCOURAGED

Sec. 1.—In a case of serious illness, especially in doubtful or difficult conditions, the physician should request consultations.

CONSULTATION FOR PATIENT'S BENEFIT

Sec. 2.—In every consultation, the benefit to the patient is of first importance. All physicians interested in the case should be candid with the patient, a member of his family or a responsible friend.

PUNCTUALITY

Sec. 3.—All physicians concerned in consultations should be punctual. When, however, one or more of the consultants are unavoidably delayed, the one who arrives first should wait for the others for a reosonable time, after which the consultation should be considered postponed. When the consultant has come from a distance, or when for any other reason it will be difficult to meet the physician in charge at another time, or if the case is urgent, or it be the desire of the patient, his family or his responsible friends, the consultant may examine the patient and mail his written opinion, or see that it is delivered under seal to the physician in charge. Under these conditions, the consultant's conduct must be especially tactful; he must remember that he is framing an opinion without the aid of the physician who has observed the course of the disease.

PATIENT REFERRED TO CONSULTANT

Sec. 4.—When a patient is sent to a consultant and the physician in charge of the case cannot accompany the patient, the physician in charge should provide the consultant with a history of the case, together with the physician's opinion and outline of the treatment, or so much of this as may be of service to the consultant. As soon as possible after the consultant has seen the patient he should address the physician in charge and advise him of the results of the consultant's investigation. The opinions of both the physician in charge and the consultant are confidential and must be so regarded by each.

DISCUSSIONS IN CONSULTATION

Sec. 5.—After the physicians called in consultation, have completed their investigations, they and the physician in charge should meet by themselves to discuss the course to be followed. Statements should not be made nor should discussion take place in the presence of the patient, his family or his friends, unless all physicians concerned are present or unless all of them have consented to another arrangement.

RESPONSIBILITY OF ATTENDING PHYSICIAN

Sec. 6.—The physician in charge of the case is responsible for treatment of the patient. Consequently, he may prescribe for the patient at any time and is privileged to vary the treatment outlined and agreed on at a consultation whenever, in his opinion, such a change is warranted. However, after such a change, it is best to call another consultation; then the physician in charge should state his reasons for departure from the course decided at the previous conference. When an emergency occurs during the absence of the physician in charge, a consultant may assume authority until the arrival of the physician in charge, but his authority should not extend further without the consent of the physician in charge.

CONFLICT OF OPINION

Sec. 7.—Should the physician in charge and a conslultant be unable to agree in their view of a case, another consultant should be called or the differing consultant should withdraw. However, since the patient employed the consultant to obtain his opinion, he should be permitted to state it to the patient, his relative or his responsible friend, in the presence of the physician in charge.

CONSULTANT AND ATTENDANT

Sec. 8.—When a physician has acted as consultant in an illness, he should not become the physician in charge in the course of that illness, except with consent of the physician who was in charge at the time of the consultation.

ARTICLE IV. DUTIES OF PHYSICIANS IN CASES OF INTERFERENCE

MISUNDERSTANDINGS TO BE AVOIDED

Sec. 1.—A physician, in his relationship with a patient who is under the care of another physician, should not give hints relative to the nature and treat-

ment of the patient's disorder; nor should a physician do anything to diminish the trust reposed by the patient in his own physician. In embarrassing situations, or whenever there seems to be a possibility of misunderstanding with a colleague, a physician should seek a personal interview with his fellow.

SOCIAL CALLS ON PATIENT OF ANOTHER PHYSICIAN

Sec. 2.—When a physician makes social calls on another physician's patient he should avoid conversation about the patient's illness.

SERVICES TO PATIENT OF ANOTHER PHYSICIAN

Sec. 3.—A physician should not take charge of, or prescribe for another physician's patient during any given illness (except in an emergency) until the other physician has relinquished the case or has been formally dismissed.

CRITICISM TO BE AVOIDED

Sec. 4.—When a physician does succeed another physician in charge of a case, he should not disparage, by comment or insinuation, the one who preceeded him. Such comment or insinuation tends to lower the confidence of the patient in the medical profession and so reacts against the patient, the profession and the critic.

EMERGENCY CASES

Sec. 5.—When a physician is called in an emergency because the personal or family physician is not at hand, he should provide only for the patient's immediate need and should withdraw from the case on the arrival of the personal or family physician. However, he should first report to the personal or family physician the condition found and the treatment administered.

PRECEDENCE WHEN SEVERAL PHYSICIANS ARE SUMMONED

Sec. 6.—When several physicians have been summoned in a case of sudden illness or of accident, the first to arrive should be considered the physician in charge. However, as soon as is practicable, or on the arrival of the acknowledged personal or family physician, the first physician should withdraw. Should the patient, his family or his responsible friend wish some one other than he who has been in charge of the case, the patient or his representative should advise the personal or family physician of his desire. When, because of sudden illness or accident, a patient is taken to a hospital without the knowledge of the physician who is known to be the personal or family physician, the patient should be returned to the care of the personal or family physician as soon as is feasible.

A COLLEAGUE'S PATIENT

Sec. 7.—When a physician is requested by a colleague to care for a patient during the colleague's temporary absence, or when because of an emergency a physician is asked to see a patient of a colleague, the physician should treat the patient in the same manner and with the same delicacy that he would wish used. The patient should be returned to the care of the attending physician as soon as possible.

SUBSTITUTION IN OBSTETRIC WORK

Sec. 8.—When a physician attends a woman who is in labor because the one who was engaged to attend her is absent, the physician summoned in the emergency should resign the patient to the first engaged, on his arrival. The one in attendence is entitled to compensation for the professional service he may have rendered.

ARTICLE V.—DISPUTES BETWEEN PHYSICIANS—ARBITRATION

Sec. 1.—Whenever there arises between physicians a grave difference of opinion, or of interest, which cannot be promptly adjusted, the dispute should be referred for arbitration, preferably to an official body of a component society.

ARTICLE VI.—COMPENSATION

LIMITS OF GRATUITOUS SERVICE

Sec. 1.—Poverty of a patient, and the obligation of physicians to attend one another and the dependent members of the families of one another, should command the gratuitous services of a physician. Institutions and organizations for mutual benefit, or for accident, sickness and life insurance, or for analogous purposes, should meet such costs as are covered by the contract under which the service is rendered.

CONDITIONS OF MEDICAL PRACTICE

Sec. 3.—A physician should not dispose of his services under conditions that make it impossible to render adequate services of a patient, except under circumstances in which the patients concerned might be deprived of immediately necessary care.

CONTRACT PRACTICE

Sec. 2.—Contract practice as applied to medicine means the practice of medicine under an agreement between a physician or a group of physicians, as principals or agents, and a corporation, organization, political subdivision or individual, whereby partial or full medical services are provided for a group or class of individuals on the basis of a fee schedule, or for a salary or for a fixed rate per capita.

Contract practice *per se* is not unethical. Contract practice is unethical if it permits of features or conditions that are declared unethical in these Principles of Medical Ethics or if the contract or any of its provisions causes deterioration of the quality of the medical services rendered.

FREE CHOICE OF PHYSICIAN

Sec. 4.—Free choice of physician is defined as that degree of freedom in choosing a physician which can be exercised under usual conditions of employment between patients and physicians. The interjection of a third party who has a valid interest, or who intervenes between the physician and the patient does not *per se* cause a contract to be unethical. A third party has a valid interest when, by law or volition, the third party assumes legal responsibility and

provides for the cost of medical care and indemnity for occupational disability.

COMMISSIONS

Sec. 5.—When a patient is referred by one physician to another for consultation or for treatment, whether the physician in charge accompanies the patient or not, the giving or receiving of a commission by whatever term it may be called or under any guise or pretext whatsoever is unethical.

PURVEYAL OF MEDICAL SERVICE

Sec. 6.—A physician should not dispose of his professional attainments or services to any hospital, lay body, organization, group or individual, by whatever name called, or however organized, under terms or conditions, which permit exploitation of the services of the physicians for the financial profit of the agency concerned. Such a procedure is beneath the dignity of professional practice and is harmful alike to the profession of medicine and the welfare of the people.

CHAPTER IV

The Duties of Physicians To The Public

PHYSICIANS AS CITIZENS

Section 1.—Physicians, as good citizens, possessed of special training, should advise concerning the health of the community wherin they dwell. They should bear their part in enforcing the laws of the community and in sustaining the institutions that advance in the interest of humanity. They should cooperate especially with the proper authorities in the administration of sanitary laws and regulations.

PUBLIC HEALTH

Sec. 2.—Physicians, especially those engaged in public work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times the physicians should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic prevails, a physician must continue his labors without regard to the risk of his own health.

PHARMACISTS

Sec. 3.—Physicians should recognize and promote the practice of pharmacy as a profession and should recognize the cooperation of the pharmacist in education of the public concerning the practice of ethical and scientific medicine.

CONCLUSION

These principles of medical ethics have been and are set down primarily for the good of the public and should be observed in such a manner as shall merit and receive the endorsement of the community. The life of the physician, if he is capable, honest, decent, courteous, vigilant and a follower of the Golden Rule, will be in itself the best exemplification of ethical principles.

Respectfully submitted: Edward R. Cunniffe, Chairman, Louis A. Buie, Walter F. Donaldson, Homer L. Pearson, Jr., John H. O'Shea.

THE WORLD MEDICAL ASSOCIATION

The World Medical Association was organized in Paris in September, 1947. At the present time forty national medical associations have affiliated with this group, and some 60 associations are eligible. Louis H. Bauer of New York is the Secretary General of the group and has urged that the various state societies throughout this country promote the membership campaign.

The objectives of the World Medical Association are:

(1) To promote closer ties among national medical associations and doctors.
(2) To maintain the honor and protect the interests of the medical profession.
(3) To study and report on professional problems.
(4) To organize an exchange of information on matters of interest to the medical profession.
(5) To present the world medical opinion to WHO and UNESCO.
(6) To assist all people of the world to attain the highest possible level of health.
(7) To promote world peace.

About $100,000 a year is needed to carry out the work of the United States Committee of which Louis H. Bauer is the Secretary-Treasurer. The cost of an individual membership is $10.00 a year, with the understanding that membership will be continued for five years unless the doctor notifies the Committee that he does not desire to continue his membership. For this $10.00 he will receive a certificate of membership, the World Medical Association Bulletin (published quarterly), all publications of the Association, and letters of introduction to foreign medical associations if he travels in other countries.

The World Medical Association has been approved by the American Medical Association, and by the various state societies throughout this country. We have been asked to promote membership in every way possible.

Application blanks may be secured by writing to

Dr. Harold M. Camp, Secretary
Illinois State Medical Society
Monmouth, Illinois

You will note that the membership is not restricted to physicians only, and that many loyal laymen have contributed their $10.00. You

might want to add your name to this list of original members from Illinois. This state is not too well represented and we will be only too glad to hear from new members.

Ackley, W. O., M. D., Chicago, Adland, Moris A., M. D., Peoria, Allen, Thomas D., M. D., Chicago, Anday, George J., M. D., Chicago, Anderson, Donald G., M. D., Glencoe, Austin, V. Thomas, M. D., Urbana, Blair, Earl H., M. D., Chicago, Barborka, Dr. Clifford J., Chicago, Brenaus, Herbert C., M. D., Oak Park, Burket, Walter Cleveland, M. D., Evanston.

Callahan, Dr. James J., Oak Park, Camp, Harold M., M. D., Monmouth, Cargill, Mr. Frank, Park Ridge, Clough, Mr. S. DeWitt, Abbott Laboratories, North Chicago, Coleman, George H., M. D., Chicago, Compere, Edward L., M. D., Chicago, Curtis, George G., M. D., Chicago, Cushman, Beulah, M. D., Chicago, Davis, Nathan Smith, M. D., F.A.C.P., Chicago, Fenwick, Herbert F., M. D., Chicago, Fishbein, Morris, M. D., Chicago, Ford, William K., M. D., Rockford, Friedberg, Stanton A., M. D., Chicago, Furey, Warren W., M. D., Chicago, Gilbert, N. C., M. D., Chicago, Giles, Roscoe C., M. D., Chicago, Golden, I. J. K., M. D., Chicago, Gowdy, Franklin K., M. D., Winnetka, Gunnar, Herman P., M. D., Berwyn.

Henderson, B. D., Mr., Chicago, Hendricks, Mr. Thomas A., American Medical Association, Chicago, Herbst, Robert H., M. D., Chicago, Hightower, Jenkins, M. D., Chicago, Hoffman, H. O., M. D., Decatur, Holloway, Jr., Mr. J. W. American Medical Association, Chicago, Hopkins, Percy E., M. D., Chicago, Irons, E. E., M. D., Chicago, Johns, Clara, M. D., Dixon, Kelly, Frank B., M. D., Chicago, Kern, Maximilian, M. D., Chicago, Kerwin, R. W., M. D., Chicago, Krol, Edward J., M. D., Chicago, Lawrence-Wabash County Health Dept., Lawrenceville, Lawson, Edwin H., M. D., Chicago, Leblanc, F., M. D., Elgin, Lewis, Willis I., M. D., Herrin, Livingston, A. Edward, Dr., Bloomington, Lull, George F., M. D., Chicago.

Meyer, Karl A., M. D., Chicago, Moore, Josiah J., M. D., Chicago, Mundt, Henry G., M. D., Chicago, Newman, Louis B., M. E., M. D., Chicago, Niehoff, Miss Hattie, American Medical Association, Chicago, Norman, M., M. D., Chicago, Nugent, Oscar B., M. D., Chicago, Orndorff, John R., M. D., Chicago, Peterson, Carl M., M. D., Chicago, Portis, Sydney A., M. D., Chicago, Rattner, Herbert, M. D., Chicago, Rolnick, Harry C., M. D., Chicago, Rosenblum, Alfred H., M. D., Chicago.

Salk, Melvin R., M. D., Chicago, Schapiro, Mark M., M. D., Chicago, Schnaer, Ira L., M. D., Chicago, Sciarretta, Sylvio A., M. D., Chicago, Sheaff, Howard M., M. D., Oak Park, Smith, Austin, M. D., Chicago, Smith, James J., M. D., Dean, Medical School Loyola University, Chicago, Smoot, Katharine, M. D., Highland Park, Spaeth, R., M. D., Chicago, Spellberg, M. A., M. D., Chicago, Steffen, Curt, M. D., F.I.C.S., Rockford, Stevenson, Walter, M. D., Quincy, Strauss, Sidney, M. D., Chicago, Sweeney, Leo. P. A., M. D., Chicago, Thomas, Mr. Charles C., Charles C. Thomas, Publisher, Springfield.

Thompson, Willard Owen, M. D., Chicago, Thorek, Philip, M. D., Chicago, Tremaine, Myron J., M. D., Evanston, Turnbull, George C., M. D., Evanston, Udell, Sam C., M. D., Chicago, Vail, Derrick, M. D., Chicago, Volini, Italo F., M. D., Chicago, Weigel, Charles J., M. D., River Forest, Weld, E. H., M. D., Rockford Clinic, Rockford, Whelan, Miss Jewel F., American Medical Association, Chicago, Willems, J. Daniel, M. D., Chicago, Zekman, Theodore N., M. D., Chicago, Ziegler, Rudolph W., M. D., Polo.

PRIMARY TUBERCULOSIS

With the rapidly increasing number of persons reaching maturity without becoming infected with tubercle bacilli, a larger number of adults will be found on the general medical wards with progressive primary tuberculosis. These cases resemble quite closely lymphoma of the Hodgkin type, progressive coccidioidomycosis and histoplasmosis, and, to a lesser extent, leukemia, aplastic anemia, metastatic neoplasm and sarcoidosis.

Before the discovery of promizole and streptomycin, the diagnosis of progressive primary tuberculosis was of academic interest only, but now, with a reasonably early diagnosis, some of these patients can be cured.

Excerpt: Progressive Primary Tuberculosis in the Adult and Its Differentiation From Lympho-
M. D., Durham, North Carolina, The New Eng-
mas and Mycotic Infections, David T. Smith,
land Journal of Medicine, August 4, 1949.

MEDICAL ECONOMICS

The Medical Economics Committee. Chauncey C. Maher, Chmn., Hubert L. Allen, Emmet B. Bay, Edwin F. Baker, Carroll Birch, Thomas C. Browning, Roland R. Cross, James Graham, George Halperin, Edwin S. Hamilton, Ford K. Hick, Edwin F. Hirsch, May McDonald Milligan, Marie Wessels, Walter M. Whitaker, Holland Williamson.



Economic Problems in the Practice of Pathology

The demand for pathologists at present exceeds the supply. This is due largely to the increased use of clinical and anatomic laboratory examinations in diagnosis and treatment not paralleled by a proportionate increase in the number of pathologists. Another factor in the demand for pathologists by hospitals is the requirement for recognition by various medical organizations that the services of a pathologist be provided. The older pathologists have lived through the transition from a time when only a few of the large hospitals had a full-time pathologist to now when even small hospitals want a pathologist although the volume of work may not require his full time. This presents a phase of adjustment in an expanding field of medical practice which cooperative effort can solve.

The supply of pathologists to meet the demands depends upon 1) the number of graduates in medicine entering this field of specialization and 2) the opportunities for teaching clinical pathology and pathologic anatomy to this group of physicians. The latter element seems not to be a serious problem. In some university centers where prospective applicants look for training, necropsies are conducted in a department separate from the one where surgical tissues are examined and neither of these departments deals with the clinical pathology.

The problem of meeting the greater demand for pathologists centers then on attracting a larger number of physicians into this field of specialization. The choice of specialization is individual and some of the elements in the practice of pathology deserve consideration. Potential candidates in pathology may think that this specialty in medical circles is subservient to the others, and in lay circles has little or no prestige. This comes from the work relations of the pathologist in medical practice. He never becomes a family physician nor does he develop a clientelle of patients. Patients go to their physicians for the restoration of health, to have the assurance of physical well-being, or to be guided through the function of creating children. A patient may have some or no facts about the nature of the illness or disability which prompts him to seek medical care. Likewise, he may or

may not realize that his disorder presents to the doctor two problems 1) diagnosis and 2) treatment. Doctors know that specifically either or both of these can be difficult. But the patient may not realize this, his main objective being the restoration of his health and hence therapy. Pathologists, as specialists, do not offer therapy as a stock in trade, nor do patients as a group go to them for treatment. Herein rest some of the elements in the pathologist's struggle for appreciation of his position in the practice of medicne. Strictly speaking, the pathologist offers only diagnostic services and these in a large measure only through the patient's physician from whom the health-restoring treatment is sought.

Since pathologists are concerned chiefly with diagnosis, the choice of this specialty depends upon a candidate's interest and ability in biology, chemistry, and bacteriology, and how much in satisfaction and renumeration he can derive from the application of these disciplines in a medical practice. Some physicians wish to have more personal contact with the sick — the art of the practice of medicine — than is offered in the practice of pathology. The thought of working in a field were details and precision are important elements in attaining proficiency may deter a physician from becoming a pathologist. Another element which may influence contrarily can be the initial feeling of inadequacy aroused through the realization that many years of training and experience in a large volume of pathologic material are necessary in order to become a reliable diagnostician. Pathology, however, offers much in satisfied living in the daily routine and out of which many opportunities for creative work develop.

Some may ask what the pathologist actually does for the patient. Without the patient realizing their importance, the pathologist provides and controls all kinds of clinical laboratory tests, some of which actually determine the diagnosis; he provides the data for therapeutics whose value ranges from small to the essential; he offers skill in the examination of biopsy tissues where clinical diagnosis is difficult, and a practice that has increased greatly in volume; he offers tissue diagnosis service to fields of specialization, such as bronchoscopy and oncology whose practice could not function without it. The pathologist serves the patient indirectly in hospital practice through necropsy examinations which improve the quality of medical practice by the staff, and which on occasion have significant value to the family, friends, or the community.

Among pathologists are some who seek work arrangements in hospital appointments similar to those obtaining in private and commercial laboratories, arguing with apparent logic that a hospital as an institution should not engage in the practice of medicine and that a pathologist who accepts a position on a salary basis becomes a proselyte to this form of medical practice. Most hospitals are chartered as non-profitable institutions, founded on the charitable principle of providing facilities for the care and treatment of the sick. They benefit from certain tax exemptions, gifts, and endowments, but at the same time like every other functioning organization must meet salary and operating expenses. Private laboratories operate on the principles of competitive business within ethical rules established by medical organizations and with the expectation of sizeable profits. For a hospital laboratory with its exemptions to complete with these organizations seems an unfair practice. This does not say that a good hospital laboratory should not help in developing good medical practice in a community, but it should recognize its advantageous position and the level where it becomes commercially competitive. Perhaps if the goal for operating hospital laboratories like a commercial enterprise is reduced to the prime factor, it becomes one of financial return to the pathologist. Doubtless hospitals have operated and still do operate laboratories with a large excess of income over expenditures and to which the pathologist points with accusation and demands that he is entitled to a large part of the excess. The laboratory is only a part of the entire institution and the surplus income is used to offset deficits in operating units that have expense but no or little independent income. The patient, after all, must pay for the total hospital income. The patient, after all, must pay for the total hospital cost. If the laboratory costs penalize unequally the patient load of the hospital then there should be a re-evaluation of costs and charges to accomplish a more equitable distribution. So, when the demand is made for operating a hospital laboratory like a commercial unit on the principle of not having the institution engage in the practice of

medicine, care must be taken that the objective is not concealed, namely how much more will accrue to the pathologist as well as the institution by this arrangement and at the expense of the patient. In these discussions returns in various other fields of specialization are introduced for comparison and with implied justification. But the patient has to pay the bill, and when each specialty spirals its wages beyond the means of many sick, arguments for socialized medicine gain. A marked improvement in the salary and appreciation of the pathologist has occurred in recent years. This is not to say that all is as it should be.

Another element in these discussions on the practice of medicine by hospitals in the field of pathology, as well as in radiology and anaesthesiology, is the resistance against an implied control of the practice of these specialties by lay directors. Boards of Trustees are concerned mainly with the financial and physical problems of the hospital through the medium of the Director, very often a lay person, but sometimes a physician. The Medical Staff, through its organization, presents its requirements to the Director. Some large hospitals have an Assistant Director who is a physician, hoping through a professional medium to promote better understanding and work relations with the Medical Staff. The lay control features in such a system ought not to be formidable. Whatever the inter lay-professional financial arrangements are, they should be clear and equitable in the mind of the patients. Hospitals are the work shop arranged for physicians to render service in the more complicated methods of diagnosis and treatment. Both pathologists and hospitals should strive to improve themselves and to adjust their differences on the basis of fairness.

Pathologists can do much to improve appreciation of their specialty in professional and lay circles through active participation in the local and national medical societies and by engaging in community activities.—E.F.H.

THE HYPOCHROMIC ANEMIAS

Recent studies in the field of the hypochromic anemias have been mainly concerned with fundamental observations regarding iron metabolism, rather than with clinical problems, but these investigations, often involving the use of radioactive iron, have been experimental proof of our general concepts of iron deficiency. Thus, the use of these tracer materials has proven conclusively that four to five times as much iron is absorbed in human beings when it is administered in the ferrous form as opposed to the ferric. The effect of achlorhydria in reducing absorption of iron from food, the depressing effect of alkalis on iron absorption, and the unimportance of such materials as copper and molybdenum in clinical iron deficiency have been re-emphasized.

There is still no evidence that iron ever needs to be administered parenterally, and there is likewise no evidence that any combination of iron with liver, with vitamins, or with folic acid is of any advantage in the treatment of hypochromic anemia.

Excerpt, Recent Advances in Pernicious Anemia, The Hypochromic Anemias and The Hemolytic Anemias, John J. Boehrer, M.D., Minneapolis, Minnesota, Minnesota Medicine, September, 1949.

THE MAKING OF A DIAGNOSIS

An extensive and accurate knowledge of the natural history of disease is essential to diagnostic skill. This knowledge cannot be static but must be constantly expanded and revised in the light of newer scientific discoveries. Thus, if one is not informed as to the existence of toxoplasmosis, he is not likely to recognize it. If one is not aware that Rocky Mountain Spotted Fever is endemic in his district, he may not consider it in the differential diagnosis of an obscure infection. If a physician does not know that polycythemia or parathyroid tetany may cause tortuous, dilated retinal veins and choking of the optic discs, he may, on the basis of those ocular disturbances, diagnose a brain tumor and thus expose his patient to a needless and dangerous operation. . . . Ignorance however among those who have been exposed to adequate educational opportunities is probably not the chief cause of incorrect diagnosis. Much more frequently, errors are due to incompleteness or carelessness in the study of the patient. All of us have been trained to take a complete and systematic history and we all know that in an extraordinary number of cases the story affords one of the most important clues in the recognition of disease. . . . All of us have been trained to do thorough and searching physical examinations but haste, the pressure of other engagements, natural procrastination, often lead to superficiality and to omission of important details. . . . Another thing that causes great difficulties in diagnosis is slavery to the laboratory. To most of us there is a fascination in data which can be recorded in exact figures. . . . One is apt to forget that technicians, even good ones, are subject to human error, that many of the tests are complicated involving many steps, any one of which when faulty, may lead to gross error. Furthermore it is not always appreciated that the tests themselves are subject to certain fallacies and exceptions or that the interpretation assigned particularly to new tests may be quite erroneous. Too great dependence upon the laboratory, too ready and too uncritical acceptance of its results, is universally a frequent source of diagnostic errors.

Excerpt, The Making of a Diagnosis, David P. Barr, M.D., Physician-in-Chief, The New York Hospital; Professor of Medicine, Cornell University Medical College, New York City, Boletin De La Asociacion Medica De Puerto Rico, May, 1949

SPEAKING OF CANCER

If I may become personal, let me say that you must not feel that because you're not looking through a microscope and because you're not trying to extract an etiocholenolone from the urine of a patient with cancer that you haven't got a contribution to make. We all have according to our ability. It may be great, it may be small, but it is there. When I think of that I am reminded always of what an old Quaker lady said when I went to college. She was a very old lady and she told us how when she was young her father had taken her into country which was then quite wild, into the Grand Canyon. They had gone farther than they knew and as they turned to come back their horses were dry and desperately in need of water. As they tried to indicate to the animals in what direction they thought water was, the horses refused to move but stood still pawing the ground. There beneath what appeared to be dry sand and rubble, eight inches down, they came on water. Her moral was that if we will look for the freshets of the spirit beneath the rubble of the routine of our daily lives, we'll find there things that are useful and which are intimations of great achievements.

Excerpt, Prospects in Cancer Control, Charles S. Cameron, M.D., New York, N. Y., The Journal of the Kansas Medical Society, August, 1949.

A person with tuberculosis has many needs and before we can meet them we must understand them fully. Medical treatment is, of course, the obvious essential. But also to be considered are many factors which have a bearing upon the way a patient responds to his particular therapy. What are these factors? What facilities do our communities have to deal with them? Most patients face a variety of psychological, financial, and personal adjustments which cannot be separated from one another. Emotional reactions to the disease itself influence the acceptance of the diagnosis and treatment. Robert J. Anderson, M.D., Pub. Health Rep., June 3, 1949.

Tuberculosis mortality in the U. S. Zone of Germany began to rise promptly at the beginning of World War II, reached a peak in 1945 and has progressively declined in 1946 and 1947. The extent of the rise was only moderate as compared with that in several other European nations. Philip Sartwell, M.D., Charles H. Mosely, M.D. and Esmond R. Long, M.D., Am. Rev. Tuberc., May, 1949.

STATE DEPARTMENT OF PUBLIC HEALTH



Organized Community Effort

Roland R. Cross, M.D.,
Springfield

This is a most opportune time to hold a series of meetings on public health. It is for the farmer the time of the harvest, the time when he can add up his achievements in some very well defined terms. It is also the time when his ideas for next year's work begin to stir in his mind. It is the season when he lines out his program for crop rotation and his scheme of fertilization, and selects the kind of seeds he expects to plant now and in the spring.

For us in the cultivation of public health, these fall conferences likewise provide an opportunity to see what we've accomplished and to plan for the time to come. Whether our plans meet with success or failure — whether we get a sparse crop of physical well being or whether we attain the utmost in community and personal health depends in large part on how we plan and on how much we are willing to put into the plan.

Presented at the 7th Annual Conference of Illinois Statewide Public Health Committee, Waukegan, Sept. 9, 1949.

Since the 1948 conferences of the Statewide Public Health Committee, our yield of progress has been abundant. In November, two additional counties — Jo Daviess and Jackson — elected to establish county health departments; this action brings the total of counties so provided for to 24. These 24 counties with the legal framework for local health services encompass 66 per cent of the population of the State and 24 per cent of the land area. The necessary qualified personnel have become more generally available and the work in basic environmental sanitation, preventive medicine and dentistry and public health nursing services is going forward in a commendable manner.

The County Health Department Law — the Searcy-Clabaugh Law — was amended by the 66th General Assembly in order to bring the legalities in conformity with the needs of the people. These amendments, all essentially favorable to the purpose of this Committee, were

brought about largely through the efforts of the members of the Statewide Public Health Committee. Despite the opposition which was anticipated on the "May — Shall" issue, the statute was amended to read that upon presentation of a petition in good order, the supervisors of the county *shall* instruct the clerk of the county court to put the proposition on the ballot at the next general election. The amendments did, however, include a compromise on the subject of the referenda — by specifying that the proposition for the establishment of a County Health Department (or a Multiple County Health Department) may not be presented more frequently than once in four years. Other amendments to this statute were in the nature of clarifications of the language and additional clauses to facilitate the fiscal operation of multiple county health departments.

We got a good crop of other important public health legislation from the 66th General Assembly.

There are two important new laws relating to control of tuberculosis. One provides $6,000,000 for grants in aid to local tuberculosis authorities for care of patients in tuberculosis sanataria. These grants are subsidies per patient days of care available to these counties which have made a substantial local effort to conquer their tuberculosis problem. The statute requires that this local effort be the levy of a .05 per cent tax for tuberculosis. The second significant piece of legislation on tuberculosis control is an appropriation of $1,000,000 for alteration, rehabilitation, equipment and expansion of existing public tuberculosis hospitals.

The Legislature passed an act for the creation of Hospital Districts, replacing thereby the important law enacted by the 65th General assembly but declared invalid by the Supreme Court. The new law was drafted by the Legislative Reference Bureau to circumvent the unconstitutional provisions of the old. The widespread popular interest in this law, vital to the hospital construction program, was demonstrated by the technical assistance given by numerous practicing attorneys throughout the State.

The General Assembly amended the Marriage Act by deleting any reference to the microscopic test for gonorrhea as a prerequisite to the attainment of a marriage license. This test had become outmoded but had to be performed as long as the statute spelled out the detail. This amendment to the marriages act I regard as a very important piece of public health legislation.

The Grade A milk law and the milk pasteurization law were brought up to date, important laws were passed on the subject of stream pollution and the definition of the powers and duties of the State Department of Public Health. An appropriation of $3,000,000 was made for grants in aid for hospital construction and $1,625,000 was appropriated to the State Department of Public Health for grants to local governments for local public health services.

In addition to these gains from the efforts of the lawmakers, Public Health in Illinois has many activities in the nature of hardy perennials which this year have continued to flourish.

Twenty-four tumor diagnostic clinics distributed evenly throughout the State are now available to assist in cancer control. Fourteen new hospital units, aided by the Department's hospital construction program are developing in scattered needy areas. The venereal disease control program, fortified by refinements in therapy with the newer drugs, is producing a satisfying impact on the problem. In Public Health Dentistry, the several teams of personnel are bringing the protection of sodium fluoride to thousands of children in Illinois and through their demonstrations are acquainting local dentists with the assembly line procedures which must be followed if any portion of our children are to receive this prophylactic treatment. The Department's laboratories are out in front with their volume and quality of service in bacteriological seroligal and varal diagnosis. The Premature Infant Center Program, the mobile tuberculosis x-ray units, the milk sanitation and other sanitation and the public health veterinary programs are reaching the lives and interests of a growing public. All of these fine products and our public health education program are in the blue ribbon class.

On the Federal front, the usual appropriations for general health, venereal disease, tuberculosis, cancer, industrial hygiene, public health dentistry, maternal and child health, mental health, and hospital construction were made. In addition, Federal grants to the States for heart disease control became available for the first time. The Congress is still considering a Bill for doubling the grant for hospital construction

(under the Hill-Burton Bill) and is debating the School Health Services Bill and the Bill providing for appropriations for local health units.

This latter Bill has substantial support and I know of no opposition. As you may know, the Senate passed the Bill without dissenting vote on August 27. There is general agreement and forceful testimony to the effect that local health units in order to have the $1.50 per capita required to conduct the basic public health services must have financial resources beyond the real estate tax. This is particularly apparent in the more rural regions of the United States and likewise of Illinois.

On the international front, the harvest too is promising. The World Health Organization has begun operations and the seed sown generations ago by advocates of world-wide control of preventable disease has at last come into its first bloom. This is yet a tender plant that must weather the wind and rain of economic and political forces. Medically, the creation of the World Health Organization is a great step toward the common good. Two years ago, this young organization provided the vaccine and the know-how which controlled the great epidemic of cholera in Egypt. Now these experts of W.H.O. are launching a tremendous program against tuberculosis, world-wide sanitary measures, an extensive maternal and child health program and substantial programs for improved nutrition and for the control of malaria. If we can stamp out plague, cholera, dysentery, nests of tuberculosis, and malaria when they are yet on foreign soil, we are not only helping those in immediate danger, but ourselves as well. The world community today is no larger, relatively speaking, than the Northwest Territory of a century ago and those who are familiar with the history of that era know of the fearful way in which great epidemics followed the migrations of the people. Today thousands of Americans are migrating in foreign lands and our country is host to many strangers and to much cargo, both of which are, among other more favorable things, excellent potential transmitters of disease.

With the splendid yield of fruitful trends in public health — what of the plans for the future?

Certainly we will continue to cultivate with renewed vigor all the time-honored services; for the ills which they were designed to correct continue with us as the ever present crop of weeds remain a challenge to the farmer. And just as in the case of weeds which spread from nearby untended areas, many diseases which affect man have their origin far afield from the human population. Some of our most important problems in communicable disease involve similar diseases in domestic and wild animals. Man cannot conquer the problem of human rabies unless he conqueres this disease in dogs and wild animals, man cannot gain the upper hand with undulant fever unless he obtains control of brucellosis in cattle, hogs and goats. Because both rabies and brucellosis are common in Illinois animals, these diseases pose major problems of communicable disease control. Sylvatic plague is a naturally occurring disease of rodents and is an ever present threat to man. Many of the virus diseases have animal hosts as well as human hosts. Tuberculosis in cattle is not stamped out and if the bars of vigilance are lowered, it can regain its former position as a major source of illness.

In addition to maintaining the established services, we expect to expand the newly founded Mental Health Program and to add new activities such as heart disease control programs and other programs to improve the situation with regard to chronic and degenerative diseases. Next year and in the years to come we expect to take advantage of a nice windfall which has come to the Department in the nature of an offer by the W. K. Kellogg Foundation of Battle Creek, Michigan, to assist in the extension of diagnostic laboratory and x-ray services in small rural hospitals.

The major objective in Public Health which involves most directly all of you as community leaders, is to attain complete coverage of all the population with local health departments on a county and multiple county basis. The creation of these local health units will provide the mechanism for public health services in each local area. The basic services — Vital Statistics and Records, Laboratories, Public Health Education, Maternal and Child Health, Communicable Disease Control and Sanitary Engineering — have been clearly defined by precedent. These services are essential public functions in any modern community worthy of the name And, on the framework of these basic services and the ad-

ministrative organization which co-exists, the special public health programs can be superimposed. We have had a long and commendable experience in this country with special public health programs, largely under voluntary auspices. The Congress, during recent years has made appropriations for several distinct special categories of human ailments and has currently before it many bills on additional special health problems. Unless there are local units to carry on the necessary health work, the efforts of the Congress and the efforts of the executives of the National voluntary health programs cannot meet with fruition.

This fall we do not expect any gains in the number of local health departments; for the issue of whether or not a community shall establish a county health department is a matter for referendum at a general election. The next general election is in November 1950. We have, therefore, a year in which to break the sod, till and tend the ideas for organized community action for hygiene and public health. We have this time to deliberate on the merits of the crop and to sow the seed before the harvest time of another ballot.

In the discussions which are to follow, I am sure you will find many stimulating thoughts. I hope that you will not be reticent to enter into the discussions and that you will put your questions squarely before the staff and each other. I expect that through this cross fertilization of the ideas of people with varied training, experience and civic responsibility, there will emerge a deeper realization of the meaning of public health units and a yet stronger desire to plant them wisely throughout Illinois.

THE USE AND ABUSE OF SPINAL PUNCTURE

At this point it should be stated that lumbar puncture is indicated in the diagnostic work-up of all patients with diseases of the nervous system, except those suspected of harboring a space-occupying lesion. Generally speaking, lumbar puncture has no place in the diagnosis of brain tumor, or any other mass lesion of the cranial cavity. In such cases spinal puncture contributes nothing but the risk of sudden death due to herniation of the temporal lobe through the tentorial incisura or to herniation of the cerebellar tonsils through the foramen magnum. This is far from a theoretical risk, and all neurosurgeons have had the experience of being called in at the last moment to see a patient who suddenly became comatose after an injudicious spinal puncture had been performed. Where there is the possibility of an intracranial tumor, abscess, or hematoma, the indication is for neurosurgical intervention at the earliest moment; and any further diagnostic procedures are best left to the neurosurgeon.

There is no complete agreement among neurosurgeons as to the indications for spinal puncture in cases of craniocerebral trauma. It does, however seem certain that neurosurgeons perform considerably fewer lumbar punctures in such cases than do other physicians. The reason is simply that the proper management of head injuries bears no relationship to the cerebrospinal fluid findings, but is almost entirely dependent on the clinical evaluation and judgment of the attending neurosurgeon or neurologist. In cases of acute head trauma the pressure of the spinal fluid may be high, low, or normal; and the fluid itself may be bloody or clear.

Excerpt, The Use and Abuse of Spinal Puncture and Cerebrospinal Fluid Studies, Alexander C. Johnson, M.D., Great Falls, Montana, Rocky Mountain Medical Journal, September, 1949.

CORRESPONDENCE



"YOUR MENTAL HOSPITALS" THE NEW RESEARCH HOSPITAL

A unique mental research hospital is being developed at Galesburg, Illinois. The former Mayo General Hospital of the United States Army, which later served as the Galesburg branch of the University of Illinois, was acquired by the Illinois Department of Public Welfare on September 1, 1949. This facility is a typical semi-permanent army hospital, with enclosed corridors connecting the various buildings and wards. The Legislators and the Governor appropriated three million dollars for this hospital for the current biennium (1949-1950). Rehabilitation will be necessary to convert this into a hospital for the care and treatment and study of mental patients.

The institution will be known as the Galesburg State Research Hospital, with an eventual capacity of 2000 patients. Special emphasis will be placed on geriatric research. (1500 out of the 2000 patients) This will deal not only with psychiatric and neurological research in the psychoses with arteriosclerosis and senile dementia, but with all phases of disease processes of the aged and aging. The large chemistry laboratories used by the University of Illinois will be converted into research laboratories. Facilities for pathology and animal study are available. In addition to the qualified medical staff, headed by a medical superintendent and clinical director, there will be a research staff supervised by a research director. The occupational and recreational therapists plan a very active and stimulating program. Some interesting experiences have been noted with the utilization of swimming pools in the aged groups. The excellent swimming pool at the institution will be utilized for this purpose.

Over one-third of the first admissions to the nine mental hospitals last year were over 60 years of age, and over one-third of the thirty-four thousand patients in these hospitals are over 60 years of age. Thus, there is a definite need for specialized study. With the lengthening of the span of life there is an ever increasing number of persons coming into this age group. These studies should be beneficial to the care of the aged regardless whether they are hospitalized or not.

In addition to research work in the field of geriatrics, studies will be conducted for the care, research and treatment of alcoholics and juvenile psychoses (patients up to age of 16). It is hoped that the five Class A Medical Schools in Illinois will collaborate with the Department of Public Welfare in the research projects.

Admissions to this institution will be restricted to mentally ill. There will be no direct admissions, the patients will be selected and transferred from the nine other mental hospitals.



The Galesburg State Research Hospital for the mentally ill.

Thus, Illinois will have a new mental hospital, a research hospital, and a geriatric hospital. There is no similar setup in the country. By the combined efforts of the medical profession and the allied fields, an outstanding job should be accomplished.

G. A. Wiltrakis, M.D.,
Deputy Director
Medical and Surgical Service

CLINICS FOR CRIPPLED CHILDREN LISTED FOR DECEMBER

Doctor Herbert R. Kobes, director of the University of Illinois Division of Services for Crippled Children, has released the December schedule of clinics for physically handicapped children. The Division will conduct 10 general clinics providing diagnostic orthopedic, pediatric, speech and hearing examinations along with medical social and nursing services. There will be 4 special clinics for children with rheumatic fever and 2 for cerebral palsied children.

During August and September 1,345 children and 17 adults were examined at the general clinics, 96 at the rheumatic fever clinics and cerebral palsy clinics is by invitation only.

Local medical and health organizations, both public and private, cooperate with the Division in providing this clinic service to Illinois' thousands of physically handicapped children. The examining clinicians are selected from private physicians who are certified Board members. Any private physician may prefer to bring to a convenient clinic those children for whom he may want examinations or may want to receive consultative services.

The December Clinics are:

December 1 - Hinsdale, Hinsdale Sanitarium
December 6 - E. St. Louis, Christian Welfare Hospital
December 7 - Chicago Heights, St. James Hospital
December 7 - Rock Island (Cerebral Palsy), St. Anthony's Hospital
December 8 - Elmhurst (Rheumatic Fever), Elmhurst Community Hospital
December 8 - Macomb, St. Francis Hospital
December 8 - Springfield, Memorial Hospital
December 9 - Chicago Heights (Rheumatic Fever), St. James Hospital
December 13 - Peoria, St. Francis Hospital
December 14 - Aurora, Copley Hospital
December 15 - Rockford, St. Anthony's Hospital
December 16 - Chicago Heights (Rheumatic Fever), St. James Hospital
December 20 - Peoria, St. Francis Hospital
December 20 - Effingham (Rheumatic Fever), St. Anthony's Hospital
December 21 - Springfield (Cerebral Palsy), St. John's Hospital
December 22 - Normal, Brokaw Hospital

Children accepted for Division care are those with:

1. Orthopedic conditions including acute poliomyelitis
2. Rheumatic fever and heart disease
3. Conditions of the nervous system
4. Cerebral palsy
5. Congenital and acquired defects which respond to plastic surgery
6. Speech defects associated with organic conditions
7. Hearing loss and deafness
8. Epilepsy

NATIONAL TUBERCULOSIS ASS'N. TO MEET IN WASHINGTON

The 46th Annual Meeting of the National Tuberculosis Association will be held April 24-28, 1950, at the Hotel Statler, Washington, D. C. The National Tuberculosis Association is a non-official organization which since 1904 has been waging war against tuberculosis in the United States. Today it has 3,000 affiliated state and local associations engaged in a nationwide fight against the disease.

Meeting concurrently with the NTA will be its Medical Section, the American Trudeau Society, and the National Conference of Tuberculosis Secretaries, an organization of public health workers.

Further information may be obtained by writing the National Tuberculosis Association, 1790 Broadway, New York 19, N. Y.

AN INVITATION TO LOUISVILLE MEETING

A two-day Sectional Meeting of the American College of Surgeons is to be held at the Brown Hotel, Louisville, Kentucky, on February 20 and 21. This meeting will consist of all day and evening conferences on timely surgical subjects and separate meetings for hospital personnel where hospital problems will be considered at panels and round table discussions.

The surgical program will include some new surgical motion picture films, papers and panels on such subjects as: Arterial Lesions of the Extremities, Hormone Therapy in Breast Lesions, Intestinal Obstruction, Gastric and Intestinal Intubation, Treatment of Head Injuries, Surgery of the Hand, Surgical Lesions of the Stomach, Caesarean Section, Management of Uterine Prolapse, the Management of Traumatic Conditions and a Symposium on Cancer.

Members of the Illinois State Medical Association and personnel of Illinois Hospitals are invited to attend this meeting. The fellows of the College in Louisville wish to assure all visitors that adequate hotel accommodations will be available and that they will be most welcome at all of the sessions.

OBSTETRICIANS CERTIFY 236

The annual meeting of the American Board of Obstetrics and Gynecology was held in Chicago, Illinois, from May 8 to 14, 1949, at which time 236 candidates were certified.

New bulletins, incorporating changes made at the recent meeting, are now available for distribution upon application and give details of all new regulations.

The next scheduled examination (Part I), written examination and review of case histories, for all candidates will be held in various cities

of the United States and Canada on Friday, February 3, 1950. Application may be made until November 5, 1949. Application forms and Bulletins are sent upon request made to American Board of Obstetrics & Gynecology, 1015 Highland Building, Pittsburgh 6, Pennsylvania.

DOCTORS NEEDED IN JAPAN

To the Editor:—

The Department of the Army is urgently in need of Medical Officers to serve in a civilian capacity with the occupation forces in Japan. These positions, which involve the performance of the various duties of a general practitioner on an Army Hospital Staff, offer an excellent opportunity for broad experience. We will greatly appreciate your assistance in locating qualified and interested candidates for this program.

Minimum acceptable qualification requirements are a degree in medicine plus five years of progressive professional experience which includes one year of rotating internship in an accredited hospital. Service on active duty with Army, Navy, or Veteran's Administration may be substituted for the required internship.

The salary for these positions is $6235.20 per year plus 10% post differential with quarters provided at no cost to the employee. Individuals selected for appointment must agree to remain a minimum of two years. Transportation is furnished to and from Japan. Dependents may join the employee in approximately eight to ten months after his arrival in the command.

It will be appreciated if you will publicize this information and advise interested applicants to make formal application by submitting Civil Service Commission Standard Form 57 to this office. Forms may be obtained from any Class A Post Office. The necessity for immediate recruitment of qualified and suitable personnel cannot be over emphasized.

John H. Plattenburg
Representative
Overseas Affairs Branch

ARMY COMMISSIONS 169 CIVILIAN MEDICAL INTERNS

Commissions as first lieutenants in the Army Medical Corps Reserve, have been given to 169 medical graduates who have been accepted for internship training in approved civilian hospitals, it was announced today by Major General R. W. Bliss, the Surgeon General. They have been sworn in and called to active duty, with full pay and allowances of their grade, and will remain in the civilian hospitals for the completion of their internship.

With this group the Army Medical Department inaugurates the second year of civilian intern training under its Graduate Professional Training Program. Additional rosters of selected candidates will be announced from time to time.

Under the provisions of the Civilian Intern Training Program, a medical school graduate who has been accepted by a civilian hospital approved by the Council on Hospitals and Medical Education of the American Medical Association may apply for a commission as first lieutenant in the Medical Corps Reserve. If accepted, he is called to duty and assigned in a training status at the civilian hospital of his choice. On completion of his internship, he serves two years for each year of training he has received as a Reserve officer.

Another phase of the Graduate Professional Training Program is Military Intern training, in which selected medical graduates complete their internship in one of 10 Army general hospitals approved for medical teaching.

Applications for either phase are invited from prospective graduates who will not be less that 21 nor more than 32 years old on the date their internship will begin, who are citizens of the United States with high moral character, and who meet the physical requirements for a commission in the Regular Army.

Detailed information can be received from any Army recruiting office, or by writing: The Chief, Personnel Division, Office of the Surgeon General, Department of the Army, Washington 25, D. C.

ORIGINAL ARTICLES



Retrolental Fibroplasia

Ralph O. Rychener, M.D., F.A.C.S.
Memphis, Tennessee

As the progress of American medicine has extended the life span of the human race far beyond the average of several generations ago, the incidence of the degenerative disease of the eye and all other special organs has risen sharply. So much so that a specialty, called geriatrics, has come into vogue designed to treat the distressing miseries of old people, for in the period from 1900 to 1948, the life expectancy of man in this country has risen from forty-nine to sixty-seven years of age.

Similarly the meticulous and conscientious care expressed by American obstetricians and pediatricians in the call of duty to save and nurture almost non-existing life has rolled back the span of life at its very beginning resulting in preservation of numerous babies at eight and seven months' gestation and even many in the six months' period. Undoubtedly many of these are subnormal organisms and early miscarriage may be Nature's way of determining the ancient law of survival of the fittest. Are we perhaps exceeding the limits to which we obligated ourselves by fealty to the oath of Hippocrates? The time apparently has come when we should recognize the hazardous future of very premature infants and understand fully the misery and suffering to which an increasing proportion of parents and children must be subjected. One of these diseases peculiar to extreme prematures is retrolental fibroplasia which dooms the individual to blindness and frequently to cerebral dysplasia and places upon the parents a mental burden of almost insufferable degree and upon society the necessity of support for an existence which can never be more than vegetative.

To Terry in 1942 goes the credit for describing a disease in premature infants in which an

Presented before the General Assembly, 109th Annual Meeting of the Illinois State Medical Society, Chicago, May 17, 1949.

opaque membranous tissue formed behind the lens, almost always involving both eyes but in varying degrees and by obscuration of the retina or by retinal detachment secondary glaucoma causing eventual and permanent loss of vision. It was the author's pleasure to hear Ted Terry's original presentation before the American Ophthalmological Society but like many others he was not greatly impressed, believing that a scientist interested in pathology had allowed himself to wax unduly enthusiastic over an interesting ocular specimen. It is an added pleasure here to record an apology for such thought to a fine observer, expert clinician and firm friend, for Terry proceeded to investigate every case of premature birth available for his inspection and in the years prior to his death published seven articles on the subject and was able to record its incidence in twelve per cent of infants weighing three pounds or less at birth.

In the typical case, an opaque, vascularized membrane lies against the posterior surface of the lens, which Terry first interpreted as the remains of a persistent tunica vasculosa. However Reese and Payne, Owens and Owens, and others including the author have seen the membranes develop under observation and recent investigation seems to indicate that they arise from the retina behind the ciliary body, are present before delivery and tend to increase in size in postnatal eyes. The globe is frequently smaller than normal with shallow anterior chamber and posterior synechia. Elongated ciliary processes, like coarse teeth of a comb, are visible behind the iris in the extreme periphery of the dilated pupil. The retrolental membrane may be complete or incomplete, and partial or total detachment of the retina may be present. Where the retina is visable and undetached there is frequently a pigmentary degenerative change observed in the retina or an increased vascularity which in Reese's case was found to be a hemangiomatous tissue on the surface of the retina. Krause found a relationship between these eye findings and abnormal development of the cerebrum so that he called the syndrome "congenital encephalo-ophthalmic dysplasia."

Owens and Owens made a careful study of all the premature infants born at Johns Hopkins Hospital between 1945 and 1947 with the following interesting figures with regard to incidence. 214 children were studied and the conclusion was reached that the condition under discussion was not related to persistent hyaloid membrane or persistent tunica vasculosa. In the group whose birthweights were from 1360 to 2000 gms. (3 to 4-1/2 lbs.) the incidence of retrolental fibroplasia was 1.3 per cent. However, in those infants weighing less than 1360 gms. (3 lbs.) at birth the incidence was 112.1 per cent, exactly the proportions observed in Terry's series.

Clinical observations of retrolental fibroplasia have clarified the nature and origin of the lesion but have added nothing as to the cause of the disease. Owens speculates on the possibility of the induction of a metabolic imbalance by the high protein and vitamin diets, blood and plasma transfusions, parenteral amino acids and occasional hormone therapy given by zealous pediatricians in an effort to reduce infant mortality. He further mentions the observations of Hess, Mohr, and Bartelme who found an increase in hemangiomata of the skin in premature children, especially those under 2000 gms., and Reese's observation of a hemangiomatous tissue on the retina in one case of retrolental fibroplasia.

Kinsey and Zacharias have made an extensive study of the incidence of this disease in different locations and a correlation of the incidence with treatment given the infants. They conclude that there has been a distinct rise in incidence since 1942 and found that the increased survival rate is small compared with the apparent increase in incidence of retrolental fibroplasia. 372 infants were fully studied for the factors of: parity, age of mother, Rh type, type of delivery, analgesia administered, anaesthetic administered, cause of prematurity, single or multiple births, sex of infant, presence of congenital anomalies, general information and miscellaneous. In only two of these groups did there seem to be any significant relationship to the incidence of retrolental fibroplasia. The incidence of this disease in primiparous women was 9.5 per cent compared to 19.7 per cent in those of multiparous women. And the infants in whom retrolental fibroplasia developed remained in the nursery, water jacket incubator, and in oxygen from seven to ten days longer than those infants in whom the disease did not develop.

Treatment with radium, x-ray, diathermy and surgery has been entirely without avail. Operations for control of the secondary glaucoma which

often accompanies the condition are ineffective. Discission of the membrane, removal of the lens and section of the membrane, incision of the ciliary body and withdrawal of the membrane are all measures which have been tried, resulting only in further degeneration of the globe. One is helpless in the matter of ocular treatment. Formerly a number of these eyes were enucleated under the erroneous diagnosis of retinoblastoma. It seems strange that the correct pathologic diagnosis was not made until Terry did so in 1942.

Fortunately, the author has had to cope with only two cases recognized as retrolental fibroplasia, both seen two years ago. The first, aged 10 months, of normal gestation, was already in the stage of secondary glaucoma with tension O. U. 56, Schiotz. Almost complete retrolental vascularized membranes were present through which fleeting glimpses of the fundi revealed pale optic discs. Vision was limited to questionable light perception and corneaoscleral trephine was performed with temporary effect for six months. By this time the membranes were complete. It was interesting to observe in this patient the side to side motion of the head, described as elephantine, and said to be characteristic of this disease.

The second was a 6 months old girl, born prematurely at 6-1/2 months and weighing two pounds, with the disease well established but with normal intraocular pressure. Through the retrolental membranes extensive evidence of pigmentary retinal degeneration was seen. Light perception was questionable. A colleague had already advised surgery in the form of removal of the lenses and avulsion of the membranes. Because of the evident retinal disease and the almost certain shrinkage of the globe following such treatment, this advice was not supported but unfortunately nothing else of value could be suggested. A week later, the infant was operated upon by an ophthalmic surgeon from a large eastern clinic, who was visiting his home in Mississippi, and died from the anaesthetic just after the ciliary body had been incised in an effort to remove the lens and membrane. Apparently there was an accompanying cerebral dysplasia which made the infant a poor operative risk and should certainly have reduced it to imbecility had it survived. The grandmother had noted for the last two months the peculiar rocking motion of the head significant of cerebral dysplasia. Undoubtedly for everyone save the surgeon, the ending of this particular case report is the most satisfactory that might be hoped for under the circumstances. How much suffering of mind and body and what medical expense might have been avoided had the zealous efforts of the pediatrician been unrewarded in this case.

Warkany has shown that a disease resembling retrolental fibroplasia in many respects could be produced in young rats born of mothers who were deficient in vitamin A. Perhaps it is in the field of the vitamin deficiencies that the real cause of this disease will be uncovered. Certainly it would seem worth while to conduct animal experiments on prematures to determine the effect of feeding with water miscible and oily solutions of vitamins A and D in varying amounts, as well as those of other vitamins whose real values are not so well known. Regional incidence may uncover some water factors of importance and breast feeding without bottle feeding may yield a clue.

In addition we should profit by the experience of Gregg, who by careful history taking discovered the correlation of congenital cataract with the incidence of German measles in the mother during the early months of gestation.

Every premature infant in our hospital centers should have immediate and repeated thorough ophthalmic examinations with the pupils dilated, for such examinations are exceedingly difficult under the best of circumstances. When the disease is discovered, painstaking investigation of every possible factor of which physician, pediatrician, and ophthalmologist can think should be covered and recorded. The gestation period should likewise be carefully considered for some factor of infection or vitamin deficiency in the mother. This mass of material correlated with animal experiments may yield some evidence which may aid in lowering the incidence of this dreadful disease. Prevention is the only hope for its eradication.

BIBLIOGRAPHY

1. Terry, T. L.: Extreme prematurity and fibroplastic overgrowth of persistant vascular sheath behind each crystalline lens; preliminary report, Am. J. Ophth., 25: 203-204, Feb., 1942.
2. Reese, A. B. and Payne, F.: Persistence and hyperplasia of the primary vitreous, Am. J. Ophth., 29: 1-24, Jan., 1946.
3. Owens, W. C. and Owens, E. A.: Trans. Am. Ac. O. and O., 53: 18-38, Sept.-Oct. 10-41, 1948.
4. Krause, A. C.: Congenital encephalo-ophthalmic dysplasia, Arch. Ophth. 36: 387-444, Oct., 1946.

5. Hess, J. H., Mohr, G. J., and Bartelme, P. F.: The Physical and Mental Growth of Prematurely Born Children, Chicago, University of Chicago Press, 1934, p. 190.

6. Kinsey, W. E. and Zacharias, L.: J.A.M.A., 139: 572-578, Feb., 1949.

7. Warkany, J.: Congenital Malformations Induced by Maternal Nutritional Deficiency, J. Pediat., 25: 476-480, Dec., 1944.

8. Gregg, N. M., Congenital Cataract following German measles in Mother. Trans. Ophth. Soc. Australia, 1942, V. 3, 35-46.

Treatment of Common Colds With an Antihistaminic Drug

John M. Brewster
Captain, Medical Corps, U. S. Navy

The effect of antihistaminic drugs in the treatment of the common cold in its initial stage has been reported in previous papers[1,2]. In those studies it was noted that all varieties of antihistaminic drugs used had a sedative effect as a side action in an appreciable percentage of patients which, when pronounced, somewhat limited their range of usefulness. Other investigators[3] had reported that 2-methyl-9-phenyl-2, 3, 4, 9-tetrahydro-1-pyridindene hydrogen tartrate (phenindamine*) differed radically from all other antihistaminic drugs both in chemical structure and clinical effect and specifically that it was definitely stimulating in a large percentage of patients. Since, in the opinion of the author, the antihistaminic drugs are most useful in the treatment of colds when used in prophylaxis or in the initial stage of a cold to combat the allergic reaction that he believes initiates a cold, the drug's reputation promised superior results when used in the therapy of ambulatory patients.

A placebo was obtained identical in appearance with the tablet containing the antihistaminic. A reputation for success in treatment is essential when one is dependent upon volunteers for clinical material. Consequently, it was decided to issue placebos to 20 per cent of cases only. To effect this, all medication was issued in sealed standard Navy Medical Department dispensing envelopes. One end margin of 20 per cent of these was stained brilliantly in each of four colors: red, orange, green and blue, and 20 per cent were left untinted. Each envelope contained 3 pills. In 4 out of 5 envelopes each tablet contained 25 mg. of phenindamine. The fifth contained placebo pills composed of lactose coated with cane sugar, dyed yellow. After filling and sealing, the envelopes were picked up in exact rotation and placed in dispensers, from which they were extracted one at a time from the bottom of the stack and thus in established rotation. To avoid any possibility of confusion, the author kept all medication in his safe and invariably inserted the placebo medication in its envelopes. Assistance in filling the other envelopes was used at times but the color containing the placebo was changed often enough to prevent its identification as such.

When all was in readiness, an announcement of the study was published at the Hospital and the Naval Air Station which employed over 5,000 civilians in its overhaul and maintenance activities in addition to and over and above the attached service personnel. The treatment was offered to all hands; service personnel, their families and civilian employees, the latter when actually at work on the station only. They were urged to report to one of four conveniently located treatment stations as soon as possible after the onset of a cold. The personnel of the treat-

*Editor's Note: Made by Hoffman-LaRoche, Nutley, N. J., and marketed as Thephorin-Roche.

TABLE 1
RESULTS OF TREATMENT WITH PHENINDAMINE USING THREE 25 MG. DOSES AT FOUR HOUR INTERVALS

Duration of Symptoms in Hours	Cases Cured Within 24 Hours	%	Improved	%	Failures	%	Total
6 hrs.	247	54	116	25	99	21	462
12 hrs. or less	322	46	201	29	171	25	694
48 hrs. or less	419	41	349	34	251	25	1019

TABLE 2
RESULTS OF TREATMENT WITH PLACEBO PRESCRIBED IN EXACTLY SAME MANNER AS PHENINDAMINE

Duration of Symptoms in Hours	Cases Cured Within 24 Hours	%	Improved	%	Failures	%	Total
6 hrs.	33	32	22	21	49	47	104
12 hrs. or less	39	28	35	25	66	47	140
48 hrs. or less	50	26	57	29	88	45	195

TABLE 3
SIDE EFFECTS REPORTED BY PATIENTS TAKING PHENINDAMINE

Side Effect	No. of Cases As a Primary Complaint	No. of Cases As a Secondary Complaint
Drowsiness	154	9
Dizziness	84	11
Insomnia	80	10
Nervousness, Jittery	40	12
Headache	35	4
Nausea	16	2
Weakness	14	1
Unusual sweating	13	1
Chills	11	3
Urticaria	7	2
Fatigue	6	2
Heartburn	4	1
Tachycardia	3	2
Euphoria	2	
Epistaxis	2	
Fever	2	
Listless	2	
Increased Urinary Frequency	2	

One each of the following: "wild feeling," mentally depressed, nightmare, diarrhea, "unreal feeling," "stomachache."

ment stations were instructed to obtain and record in log books the following information on each patient: name; rate (or status); age; duty station; history of allergy (asthma, hay fever, urticaria); symptoms; duration in hours; signs; temperature, and color of envelope issued. An examination of the eyes, nose and throat was made and when no evidence, including fever, of other disease was found, medication was issued. Patients were instructed to take one pill immediately and to repeat this dose every 4 hours with the remaining pills. They were informed of the possible side effects and were requested to report in person or by telephone the next morning the results of treatment including side effects. The series covered the period from 15 December 1948 to 12 April 1949.

Results: Altogether 2,220 attacks of the common cold were treated with 14% occurring in women; the remainder in men. In 1,806 or 78% of the attacks the patient received the drug and in 414 or 22% they received a placebo. Of those receiving the drug, 417, and of those receiving the placebo, 121, were eliminated for failure by our personnel to record color of envelope or other essential data and includes cases where obviously the wrong diagnosis had been made. No case was included for statistical purposes where it was recorded that the symptoms had existed more than 48 hours. Of those eligible for consideration 370 or 26% of those receiving the drug and 99 or 34% of those receiving a placebo failed to make a report of the results of treatment. Of those who took phenindamine within 6 hours of onset of symptoms, 247 or 54% were cured within 24 hours. The percentage of cures declined as the interval of time between onset of symptoms and beginning of treatment lengthened and is illustrated in Table 1. However, 768 including all prompt cures or 75% of the cases who received phenindamine within 48 hours of onset of symptoms and who reported results, were either enthusiastic or volunteered that it was satisfactory treatment.

With reference to those who received placebos a much higher percentage failed to report results. Of those who received it within 6 hours after onset and reported the results of treatment, 33 or 32% obtained prompt relief. See Table 2.

At the top of each page of all log books were listed the data to be recorded. This included "side actions (to be anticipated) i.e., drowsiness,

TABLE 4
SIDE EFFECTS COMPLAINED OF BY PATIENTS WHO RECEIVED A PLACEBO IN TREATMENT OF COLDS

Side Effect	No. of Cases As a Primary Complaint	No. of Cases As a Secondary Complaint
Dizziness	7	2
Drowsiness	7	1
Headache	6	
Nausea	3	
Insomnia	2	2
Edema of Face	1	
Sinusitis	1	
Euphoria	1	
Nightmare		1

TABLE 5
RESULTS OF TREATMENT OF COLDS WITH PHENINDAMINE IN PATIENTS WITH HISTORY OF AN ACCEPTED FORM OF ALLERGY

Type of Allergy	No. Cases Cured	No. Cases Improved	No. Cases Failure	No. Cases No Report
Asthma	5	8	19	12
Hay Fever	25	23	17	23
Urticaria	7	9	2	7

nervous tension, hives, nausea, headache, etc." This may unintentionally have prompted the asking of leading questions by our recorders.

Side actions were reported by an appreciable number of the 1,241 who received the drug regardless of the stage of their colds and who reported results. Many patients complained of more than one symptom; for example, insomnia and headache or drowsiness and dizziness. The most frequent complaint was drowsiness which was experienced by 154 or 12%. The next most frequent was dizziness by 84, followed by insomnia by 80, nervousness or jitters by 40 and headache by 35. See Table 3.

Oddly enough there were 28 patients or 10% of all who received a placebo and reported its effects who complained of side actions. See Table 4. There is food for thought here. It is believed that virtually all of these effects can be explained as being symptoms of the disease itself and this fact should be considered when tabulating side actions attributed to medications alone. Thus if an equal percentage were deducted from the number who reported side effects from phenindamine the result would be only 28%.

TABLE 6
RESULTS OF TREATMENT OF COLDS WITH A PLACEBO IN PATIENTS WITH A HISTORY OF ACCEPTED FORM OF ALLERGY

Type of Allergy	No. Cases Cured	No. Cases Improved	No. Cases Failure	No. Cases No Report
Asthma	2	1	2	3
Hay Fever	6	0	3	2
Urticaria	1	2	1	1

The results of the treatment in patients with a history of an accepted form of allergy were not remarkable as shown in Tables 5 and 6. Due to the very limited number of medical department personnel available to help and the difficulty of establishing proof of Coca's "Familial Nonreaginic Food Allergy"[4], no attempt was made to isolate and record the results in this group which constitutes the major portion of the cold susceptibles as demonstrated by Spiesman and Arnold[5], Locke and his co-workers[6] and Coca.

Comment: The results obtained in this study are considered to be excellent. It is difficult to establish a scientifically accurate yardstick where diagnosis and end results are dependent largely upon subjective symptoms. However, it is now believed that when the average person states that he has had his symptoms for an hour, he counts from the moment when he became convinced that he had a cold and often doesn't include the several preceding hours of discomfort that represent the true initial stage. Thus, in many cases as much as 6 hours probably should be added to the number of hours stated as having passed prior to the beginning of treatment. This is particularly true in patients who contend that they first noticed their colds upon awakening in the morning. Every cold, like almost every fire, has a small beginning which if promptly and properly treated can be extinguished.

During the last month or so of the series it finally became known widely that a placebo was being used in a percentage of the cases. As a result, a great number of patients refused to take a chance on drawing a placebo and obtained their supplies in sizable quantities at their own expense from civilian sources independent of our treatment stations where it was provided free of charge. Contrary to the original conception of the study, many patients who started the

TABLE 7

WEEKLY NUMBER OF CASES OF INFLUENZA DURING WINTER OF 1948-1949 AS REPORTED BY THE CORPUS CHRISTI CITY, NUECES COUNTY, PUBLIC HEALTH DEPARTMENT IN THE LIST OF CONTAGIOUS DISEASES

Date	No. of Cases	Date	No. of Cases
October 16	34	January 1	45
October 23	33	January 8	76
October 30	17	January 15	66
November 6	36	January 22	64
November 13	23	January 29	130
November 20	37	February 5	129
November 27	39	February 12	153
December 4	58	February 19	70
December 11	69	February 26	117
December 18	85	March 5	142
December 25	51	March 12	43
		March 19	48

treatment too late to obtain a prompt cure, returned repeatedly for additional medication because of the relief it provided. It has been the author's experience during the past few years that once a patient has experienced the abortion of a cold with an antihistaminic drug, he becomes intensely loyal to that particular variety. It is almost as difficult to induce him to try another variety as it is to sell him a different make of automobile from the one he owns.

The high percentage of cures with a placebo was unexpected and disturbing until properly evaluated. It is believed that much of this success, like that with any therapy in treatment of colds, can be attributed to the fact that allergic reactions, manifested in the mucous membrane of the upper respiratory tract as the shock organ are quite common and self limited and account for the many times one believes he is catching cold only to have it disappear without treatment. Assuming this to be true, it could well account for the purported cures claimed for the wide variety of drugs and nostrums that have been produced and promoted through the ages. It could account for many that are now attributed to the effects of psycho-therapy. It is only when the pathogenic virus in a virulent form and in sufficient quantity is present to take advantage of this opportunity presented by an allergic reaction or when the patient is devoid of any immunity, that the common cold develops.

One incident containing both scientific and human interest occurred. On one of my rounds to the treatment stations, a Lieutenant volunteered with enthusiasm that phenindamine had cured not only his wife's beginning cold but, also simultaneously, that of her infant, whom she was nursing and whose nose was also running badly. Apparently, the infant received enough of the drug from its mother's milk to be effective.

The percentage of cures diminished from late January until the middle of March. We were at a loss for an explanation until it was noted that this period corresponded with a sharp rise in the number of cases of influenza in the civilian community as reported by the City-County Public Health Department in its record of acute contagious diseases. See Table 7. This drop lowered the percentage of cures for the entire series.

CONCLUSIONS

1. Phenindamine is effective in the treatment of the common cold and will abort a large percentage of the attacks when taken promptly at the onset of symptoms.

2. Self limited and short lived allergic reactions occur with the mucous membrane of the upper respiratory tract as the shock organ. In the absence of the virulent causative virus and when the patient has a high degree of immunity, the common cold does not develop during and following such a reaction. Hence, the apparent cures from placebos as well as the long parade of cold remedies that have won popularity for limited periods of time down through the centuries.

3. The treatment of colds should be begun at the earliest possible moment if one is to obtain the best results.

SUMMARY

1. Phenindamine given in 25 mg. doses at 4 hour intervals for 3 doses, was used as the sole treatment in a large series of attacks of the common cold. As a control, parallel cases were given an equal number of pills of placebo which were identical in appearance.

2. A total of 54% of the cases who were given the drug and who started the treatment within 6 hours were cured within 24 hours and 75% of all cases who started it within 48 hours were

either cured or considered it satisfactory treatment. Of those who started treatment within 6 hours with the placebo, 32% were cured.

3. Side effects were reported by those who received the drug in the following order of frequency: drowsiness in 12%, dizziness in 6%, insomnia in 6%, "nervousness" in 3% and headache in 3%. Of those who received a placebo, 10% complained of side effects.

U. S. Naval Hospital
Philadelphia 12, Pa.

The opinions contained in this article are those of the writer and are not to be construed as official or reflecting the views of the Navy Department or the Naval Service at large. The study was made as a hobby of the writer and was not an authorized research project under the auspices of the Bureau of Medicine & Surgery.

BIBLIOGRAPHY

1. Brewster, J. M.: Benadryl as Therapeutic Agent in Treatment of Common Cold. U. S. Nav. M. Bull. 47: 810-816, Sept.-Oct. 1947.

2. Brewster, J. M.: Antihistaminic Drugs in the Therapy of the Common Cold. U. S. Nav. M. Bull. 49: 1-11, 1949.

3. Pennypacker, C. S. and Sharpless, I.: Clinical Study of a New Antihistaminic Drug Thephorin. Penn. M. J. 51: 1407-1411, September 1948.

4. Coca, A. F.: Familial Nonreaginic Food-Allergy as a Predisposing Cause of Common Cold. J. Lab. and Clin. Med., 1941, 26, 757-765.

5. Spiesman, I. G. and Arnold L.: Susceptibility to Common Colds. Am. Jour. Digest. Dis. and Nutrition. 4: 438, 1937.

6. Brown, W. B., Graham, Niedringhaus A. and Locke A.: Non-specific Factors in Resistance VI. Incidence of Common Cold in Persons with and without the Accessory Symptomatology of Nonreaginic Food-Allergy. Jour. Immuno. 1943, 46: 101-111.

Maternal Mortality in Illinois Hospitals, 1943-1947

Charles Newberger, M.D.
Chicago

Hospital maternity service during the five years 1943 through 1947 experienced unusual and trying situations. War conditions during the first half of this period were responsible for a harassed civilian medical profession, and after the armistice, the second half was characterized by an unprecedented increase in births, with overcrowding of hospitals acutely handicapped by shortage of trained personnel. The presence of these disturbing factors suggested a review of the maternal mortality in the hospitals of Illinois for 1943-1947, as shown by death certificates on file in the Division of Vital Statistics and Records of the State Department of Public Health. Another motive prompting this investigation was the inauguration in January 1948 of a program prepared by the Division of Maternal and Child Health, and approved by both the Maternal Welfare Committee and the Council of the Illinois State Medical Society, for the thorough analysis of each death associated with gestation occurring in the hospitals of the state*. It was thought that any future studies of obstetric mortality would have greater significance if the experience of the preceding five years were on record.

The present study is of necessity confined to the limited information on the death certificates, namely: the cause of death, its international list number, the age of the patient, and the county hospital where the death occurred. The review also took note of any evidence of progress toward betterment of the record during the period under study, and of differences in the causes of maternal deaths as related to the age of the patient.

Table 1 shows for each of the five years the estimated population of the state, the total

From the Illinois Department of Public Health, Roland R. Cross, M.D., Director; Division of Maternal and Child Health, D. F. Rawlings, M.D., Chief.

Read before the Chicago Gynecological Society, January 21, 1949.

*Exclusive of Chicago where the Subcommittee on Maternal Mortality of the Joint Maternal Welfare Committee of Cook County has been actively engaged in such study since 1938.

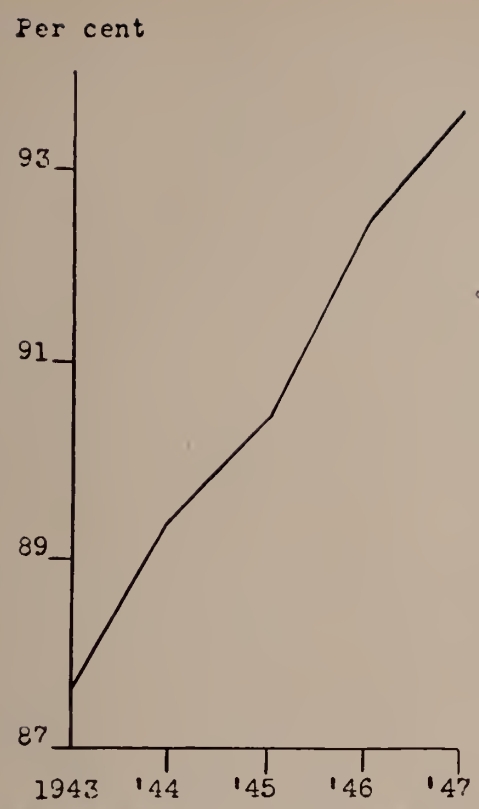


Figure 1. Per cent of total births in state occuring in hospitals.

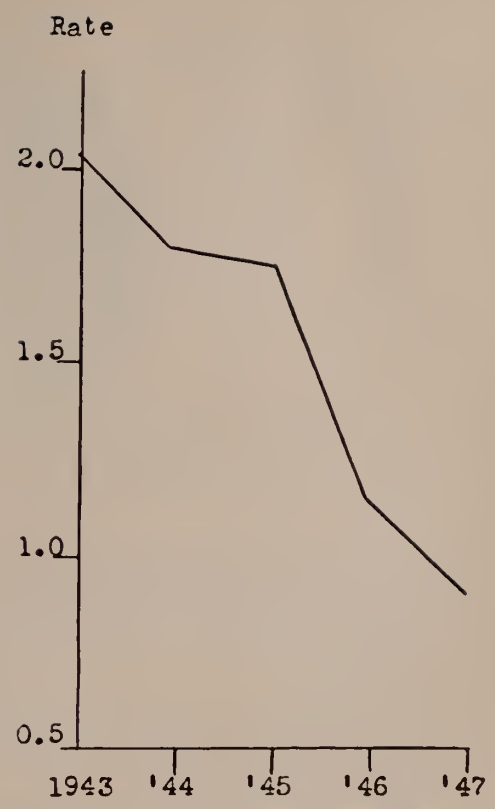


Figure 2. Maternal death rate in Illinois hospitals per 1000 live births.

births, and the birth rate for Illinois per 1000 population.

TABLE 1. Data for Illinois

Year	Estimated population	Total births	Birth rate per 1000 population
1943	7,593,255	156,059	20.6
1944	7,630,000	141,854	18.6
1945	7,721,000	139,603	18.1
1946	8,180,000	175,023	21.4
1947	8,221,000	195,877	23.8

There is noted a drop in the birth rate from 20.6 per 1000 population in 1943 to 18.1 per 1000 population during 1945, and a rise to 23.8 per 1000 population in 1947, the highest rate in the history of Illinois vital statistics.

Table 2 shows the total births occurring in hospitals, and the percentage this number bears to the total births in the state.

It is noted that there was an increasing number of hospital births, from 87.6 per cent in 1943 to 93.7 per cent in 1947.

TABLE 2. Number and Per Cent of Hospital Births

Year	Number of births in hospitals	Per Cent of Births in State
1943	136,649	87.6
1944	126,874	89.4
1945	126,309	90.5
1946	161,879	92.5
1947	183,511	93.7
	735,222	90.9

Table 3 shows the number of hospitals in Illinois giving maternity service, the number of live births, the number of maternal deaths, and its rate per 1000 live births.

The maternal death rate in Illinois hospitals showed a steady decline from 2.07 per 1000 live births in 1943 to 0.98 per 1000 live births in 1947. If the 1943 death rate had prevailed in 1947, that year would have had 373 maternal deaths, instead of the recorded 177, — a saving of 196 lives. It is particularly gratifying to note that this drop in the mortality rate took place during a time when the number of births in

TABLE 3. Live Births and Maternal Deaths in Illinois Hospitals

Year	Hospitals with maternity service	Live births	Maternal deaths	
			Number	Rate*
1943	238	133,882	277	2.07
1944	236	124,342	228	1.83
1945	232	123,825	222	1.79
1946	233	158,820	196	1.23
1947	229	180,388	177	0.98
		721,257	1100	1.52

*Per 1000 live births

Illinois was the largest in its history. For the five year period, in 721,257 live births there were 1100 maternal deaths, for a rate of 1.52 per 1000 live births.

Figures 1 and 2 illustrate by graph the data shown in Tables 2 and 3 respectively, — the increasing per cent of births in hospitals, and the decrease in the maternal death rate in hospitals per 1000 live births.

Table 4 shows the maternal deaths in Illinois hospitals by age groups for each year of the study and for the five year period.

The age range was from 14 to 58 years. About one-half of the deaths occurred in women from 26 to 35 years of age — an anticipated finding because it is this age group which shows the largest number of births.

Table 5 classifies the maternal deaths in Illinois hospitals, by cause, for each of the five years, 1943-1947, and for the five year period.

There is noted a variation in the relative rank of the listed causes: toxemia led the causes of death in each of four years, but was fourth in 1944; infection as a cause of death held fifth place in 1943, first in 1944, third in 1945, and second in 1946 and 1947; hemorrhage, which was fourth in 1943, was the second highest cause of death in 1945, and third in 1944, 1946, and 1947. For the five year period, this triad of obstetric emergencies accounted for nearly 64 per cent of all maternal deaths: toxemia being first with 25.8 per cent, infection second with 20.6 per cent, and hemorrhage third with 17.5 per cent. It is believed that this low rating of hemorrhage does not truly reflect its importance as a cause of maternal mortality. If one considers that prac-

TABLE 4. Maternal Deaths in Illinois Hospitals by Age Groups

Age group	1943		1944		1945		1946		1947		Total	
	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
14-20	20	7.2	22	9.6	18	8.1	15	7.6	23	13.0	98	8.9
21-25	53	19.1	51	22.4	39	17.6	41	20.9	35	19.8	219	19.9
26-30	75	27.1	52	22.8	55	24.8	48	24.5	43	24.3	273	24.8
31-35	71	25.6	53	23.2	62	27.9	46	23.5	32	18.1	264	24.0
36-40	43	15.5	31	13.6	34	15.3	37	18.9	32	18.1	177	16.1
41-58	15	5.4	12	5.3	13	5.9	9	4.6	12	6.7	61	5.5
Not shown	..	..	7	3.1	1	.4	..	..	..	..	8	0.7
Total	277	100%	228	100%	222	100%	196	100%	177	100%	1100	100%

TABLE 5. Maternal Deaths in Illinois Hospitals, by Cause

International List Number	Cause	1943		1944		1945		1946		1947		Total	
		No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent	No.	Per cent
140 & 141	Abortion	39	14.1	44	19.3	36	16.2	24	12.3	17	9.6	160	14.5
142	Ectopic	12	4.3	17	7.4	17	7.6	13	6.6	12	6.8	71	6.5
143 & 146	Hemorrhage	37	13.4	43	18.9	46	20.7	38	19.4	29	16.4	193	17.5
144 & 148	Toxemia	81	29.2	41	18.0	53	23.9	61	31.1	48	27.1	284	25.8
145 & 149	Other Dis. & Accidents	69	24.9	21	9.2	19	8.6	11	5.6	15	8.5	135	12.3
147	Infection	36	13.0	56	24.6	41	18.5	46	23.5	47	26.5	226	20.6
150	Unspecified	3	1.1	6	2.6	10	4.5	3	1.5	9	5.1	31	2.8
Total		277	100%	228	100%	222	100%	196	100%	177	100%	1100	100%

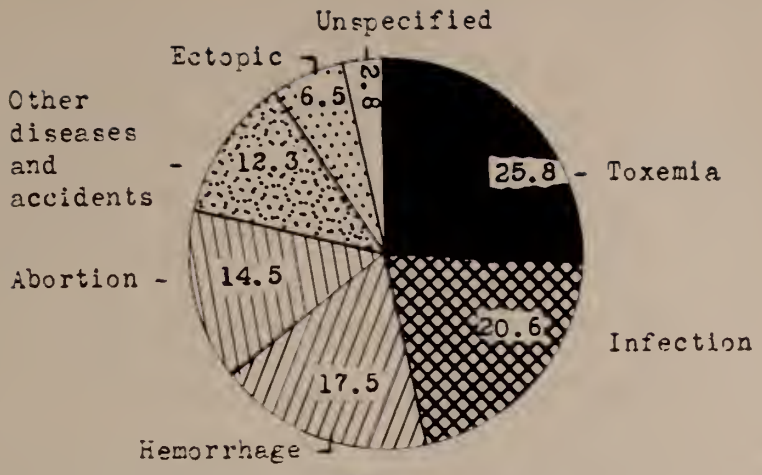


Figure 3

tically all ectopic deaths, and at least one-half of the abortion deaths, are due to bleeding, hemorrhage was shown as the leading cause for four years — 1944 through 1947 — and second to toxemia in 1943. A group of conditions listed under numbers 145 and 149, as "other diseases and accidents of pregnancy and puerperium," held second place in 1943, but dropped to fifth in 1944, 1945, and 1947, and to sixth in 1946 — this is probably explained by the closer follow-up of maternal deaths and the more frequent querying of physicians by the Division of Vital Statistics and Records, leading to clearer statements of causes of death and their more proper

Figure 3 illustrates the proportion assumed by each cause of death in the five year total.

Table 6 shows the causes of death in relation to the age of the patient, and the totals for each age group and for each cause.

It is noted that while toxemia was the leading cause of death in each age group, it was particularly high in the youngest (14 to 20) and in the oldest (41 to 58) age groups, the percentages being 33.7 and 36.1 respectively. Death from abortion was most common, and death due to ectopic was rarely noted, in the 14 to 20 age group. Infection was a consistent cause of death in the six age groups, being second in four, and third in two of the groups. If the deaths from ectopic gestation and about one-half of those due to abortion were added to those attributed to hemorrhage, bleeding was the second highest killer of women in the youngest and oldest age groups, and first in the intervening groups.

DISCUSSION

Two topics in this presentation require further discussion: first, the factors responsible for the

TABLE 6. Cause of Death in Relation to Age of Patient

Cause	Age Groups 14-20 No.	Per cent	21-25 No.	Per cent	26-30 No.	Per cent	31-35 No.	Per cent	36-40 No.	Per cent	41-58 No.	Per cent	Unspecified	Total No.	Per cent
Abortion	22	22.4	34	15.5	43	15.8	25	9.5	28	15.8	8	13.1	..	160	14.5
Ectopic	1	1.0	16	7.3	12	4.4	23	8.7	19	10.7	..		..	71	6.5
Hemorrhage	15	15.3	40	18.3	44	16.1	50	18.9	34	19.2	10	16.4	..	193	17.5
Toxemia	33	33.7	61	27.9	61	22.3	64	24.2	40	22.6	22	36.1	3	284	25.8
Other Dis.	6	6.1	16	7.3	43	15.8	34	12.9	24	13.6	7	11.5	5	135	12.5
Infection	20	20.4	45	20.5	59	21.6	62	23.5	28	15.8	12	19.6	..	226	20.6
Unspecified	1	1.0	7	3.2	11	4.0	6	2.3	4	2.3	2	3.3	..	31	2.8
Totals	98	100%	219	100%	273	100%	264	100	177	100%	61	100%	8	1100	100%

improved mortality record, and secondly, the relative ranking of the various causes of obstetric deaths.

The betterment of the record noted in Table 3 and Figures 1 and 2 is due to several factors: a more conscientious effort by physicians to give better prenatal care, and to follow through with sounder intrapartal and postpartal obstetrics, the observance of improved technics, the increase in hospitalization of maternity patients, the more frequent use of blood transfusions, the advent of the sulfonamides and antibiotics, and the service rendered by the State Department of Public Health. It is this last mentioned item that deserves better understanding and wider appreciation.

The Illinois Department of Public Health has played a prominent part in the improvement shown in the five year record of the state's maternal mortality. Through its formation of policies for the conduct of acceptable hospital maternity divisions, its authority to license such divisions, its appraisal of obstetric facilities and equipment, its insistence upon maintenance of nursing standards, its cognizance of the value of pre-natal care by providing physicians and hospitals with obstetric and infant records, and its issuance of annual audits to each hospital of its obstetric activities, the Department has made a positive contribution for progress in obstetric practice in Illinois. It has been active in providing refresher courses in obstetrics for physicians, in holding discussion of obstetric problems and practices with hospital staffs, in arranging institutes for hospital personnel on specific subjects such as "Medical Records," and "Epidemic Diarrhea in Newborn," in making plasma more readily available to hospitals, in aiding in the establishment of classes for prospective parents, and in rendering advice on problems of nutrition. In addition to these efforts for elevating hospital standards, maintaining better nursing procedures, and favoring the education of the profession, hospital administrators, and the lay public, the Department has given furthur assistance to the saving of mothers' lives by the development of the program already mentioned for the study of maternal deaths occurring in the hospitals of the state. This project, in which the State Medical Society is cooperating, aims at a thorough fact-finding abstract from the hospital records of each death associated with gestation, a personal interview with the attending physician, and a frank impartial discussion on an anonymous basis by the State Maternal Welfare Committee of all available data. This appraisal includes the character of prenatal care, sequence of symptoms, thoroughness of laboratory workup, adequacy of consultation, correctness of diagnosis, method of treatment, autopsy findings, question of preventability and assignment of responsibility. It is planned to make the results of this study available to the profession for its education and guidance.

Table 5 and Figure 3 provide data as to the relative frequency of the various complications responsible for maternal mortality. It should again be emphasized that conclusions based solely on causes as given on death certificates are not fully reliable. It is possible that physicians, for one or more of several reasons, do not record the complete or accurate diagnosis of the cause of death. This may be due to inadequate clinical examination, to limited medical information because of absence of biopsy, operation, laboratory tests, or particularly of postmortem examination, to personal interpretation of definition or of acceptance of terms, to deliberate alteration of the known facts, or to failure of the coroner to make adequate investigation. Undoubtedly, these factors prevail the country over. The Illinois maternal death study, through its careful review of clinical data and its efforts toward a higher incidence of postmortem examinations, should lead to the establishment of more correct diagnoses, and thereby securing information of sounder educational value.

SUMMARY

A review is given of the 1100 maternal deaths in Illinois hospitals during the five years 1943-1947. A reduction in the mortality rate is shown from 2.07 per 1000 live births in 1943 to 0.98 per 1000 live births in 1947. The causes of death are listed, and their relation to the age of the patient is noted. The three leading causes as given on the death certificates were: toxemia in 25.8 per cent, infection in 20.6 per cent, and hemorrhage in 17.5 per cent, for a total of 63.9 per cent. Abortion was responsible for 14.5 per cent of the deaths, and ectopic pregnancy for 6.5 per cent. Mention is made of the factors helpful in the improvement of the record, par-

ticularly the share attributed to the Illinois Department of Public Health, and of the current intensive maternal death study through which it is hoped to attain a still further reduction in obstetric losses.

5038 Drexel Blvd.

Hemorrhoidectomy:

A Method for the Elimination of Postoperative Pain Due to Sphincter Spasm

Ernest D. Bloomenthal, M.D. and Richard M. Bendix, M.D.
Chicago

It is our purpose to describe a method of hemorrhoidectomy, by means of which we have been able to minimize or eliminate pain and prevent recurrences or complications. In our experience the unwillingness of patients to submit to hemorrhoidectomy has been based on the bad publicity concerning the operation, due to fear of the notorious postoperative pain and frequency of recurrence.

We were trained originally in the traditional "clamp and cautery" operation[1], and also in the "suture over a clamp" method[2]. Neither of these methods satisfied us as to completeness of anatomical excision of the hemorrhoids, lack of complications and postoperative comfort. Postoperative pain was so salient a feature that we and other surgeons frequently resorted to blind injection of oily local anesthetics into the sphincter musculature as the first step in surgery. This procedure often alleviated pain, but a certain percentage of cases developed infection and deep abscesses with necrotic sloughing.

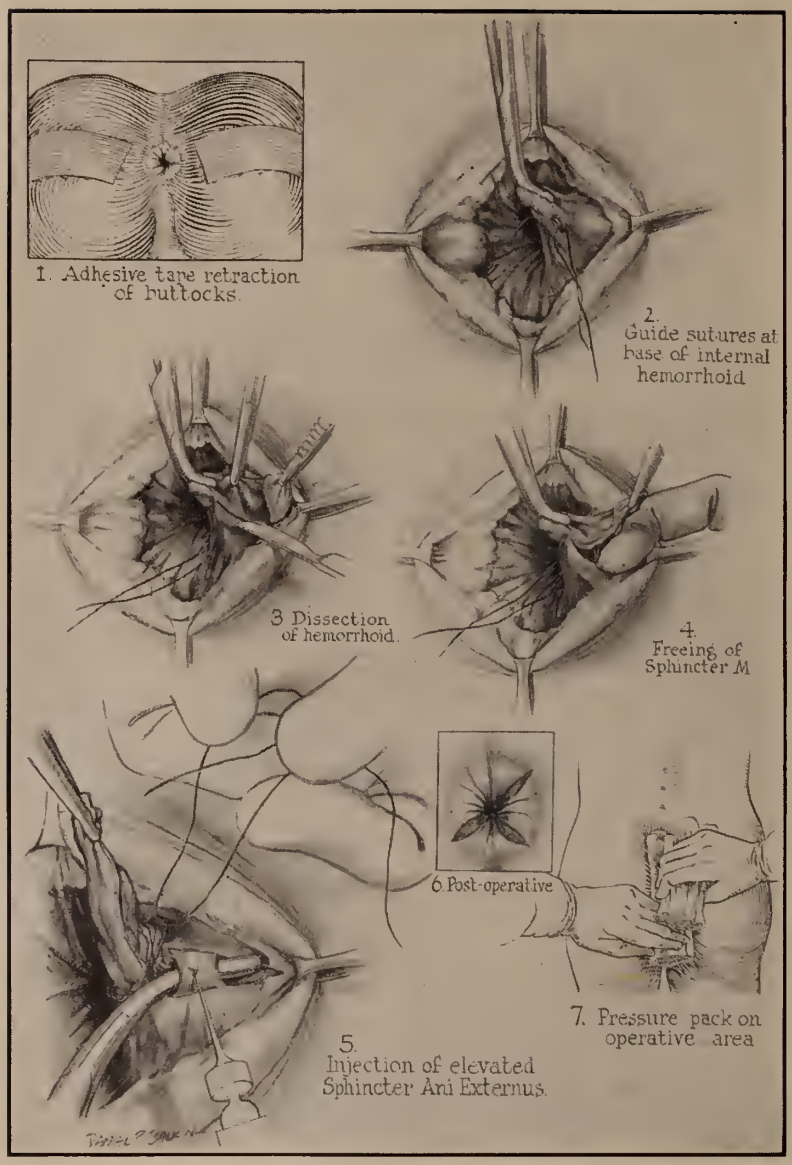
During our years of army service, we adopted the open technique of hemorrhoidectomy[3], because by its use we were able to obtain a complete anatomical dissection and removal of all hemorrhoidal tissue and redundant mucosa and also prevent the occurrence of septic complications. The use of the open technique allows free drainage and does not have the tendency to seal in infection, as in the use of "clamp and cautery" and "suture over clamp".

From the surgical departments of Northwestern University and Michael Reese Hospital.

The results with this operation were satisfactory, except that there was always a considerable percentage of patients who complained bitterly of postoperative pain. In the field, with an overseas evacuation hospital, it was difficult to administer hot sitz baths or hot wet compresses. The average soldier concerned us enough, but he was only with us for about two weeks before discharge. However, our own officer and enlisted personnel who lived with us for years throughout the war never let us forget the amount of pain they suffered.

The etiology of this post-hemorrhoidectomy pain always appeared to us to result from spasm of the anal sphincter musculature. According to Bacon[4], the external sphincter ani muscle is voluntary and is composed of striated muscle fibers encircling the anal canal, beneath the skin of the anal margin. The nerve supply is derived from the second, third, and fourth sacral plexuses through the inferior hemorrhoidal and perineal nerves. The muscle has no antagonist and keeps the anus in tonic contraction and regulates the expulsion of feces. Our attack against post-hemorrhoidectomy pain, therefore was directed against spasm of the external anal sphincter.

With the open technique, the external anal sphincter is always exposed as shown in the accompanying illustrations (Figure 6). We decided to return to the use of an injection of oily local anesthetic directly into the exposed sphincter muscle. It is well established that muscle tissue is best able to receive substances in an oily vehicle. This technique avoids the com-



plication of slough or infection which might follow submucosal or subcutaneous injection. The fact that no tissues were apposed over the injected muscle avoided the sealing in of any infection.

We were supplied overseas with nupercain* in oil and we used this for direct injection into the external anal sphincter with good results, as evidenced by absence of postoperative sphincter spasm and complications.

The following technique was used by us in one hundred and six consecutive cases during miltary service and in civilian practice up to the present. Of these, twenty-five cases were military and the remaining civilian. All these cases had well marked internal and external hemorrhoids.

Anesthesia.—prior to the inception of this series of cases, we had used general anesthesia, or local field block, or low spinal anesthesia. General anesthesia required divulsion of the sphincter which is traumatic, and in addition general anesthesia usually necessitates the lithotomy position. We prefer the prone jack-knife position for adequate exposure and ease of operation. Low spinal anesthesia gave good analgesia and relaxation, but a large precentage of patients complained of postoperative headache. Local field block was adequate, but obliteratcd the land marks in the field of operation. Caudal trans-sacral anes-

*Courtesy of the Ciba Pharmaceutical Co.

thesia afforded good anesthesia and produced no postoperative headache or backache. It is our opinion that this is the anesthesia of choice for hemorrhoidectomy.

Technique of Operation.—after caudal trans-sacral anesthesia, the patient is placed on the table in the prone position, and middle of the table elevated so that the patient is moderately jack-knifed. The buttocks are retracted with wide strips of adhesive which is fastened to the side of the operating table (Figure 1). The excellent relaxation afforded by caudal trans-sacral anesthesia allows adequate exposure of the anal canal without divulsion of the sphincter fibers.

The anus is carefully surveyed for the number and extent of hemorrhoidal masses and the operation planned to excise these masses through radial incisions and still leave an adequate bridge of mucosa and skin between sites of excision. A curved hemostat is used to grasp the most inward aspect of the hemorrhoidal mass and a catgut suture is placed at this point and tied with ends left long (Figures 2 and 3). A V-shaped incision is made (Figure 4) in the skin to excise the external hemorrhoid and this is continued to the mucocutaneous juncture until the external anal sphinchter is clearly exposed as it is freed from the hemorrhoidal mass (Figure 5). The lines of incision are extended inwardly to the previously placed guide suture, which marks the base of the hemorrhoidal mass. The internal mass is dissected free until it is about one quarter of an inch from the guide suture. The long ends of the guide suture are then used to ligate the hemmorrhoidal mass at its base (Figure 5) and the mass is excised above the ligature. The lateral mucosal borders of this radial incision are elevated and any remaining venous tissue is removed from under the mucosa.

The above procedure leaves a clean radial area from which the hemorrhoidal tissue has been completely excised and the external anal sphincter is clearly exposed and easily palpable. A blunt curved clamp is inserted gently beneath the inner circumference of the external anal sphincter in order to elevate the sphincter (Figure 6). The sphincter is then injected with approximately one cubic centimeter of nupercain in oil, and there is no possibility of the oil entering any tissue except the muscle itself.

The remaining hemorrhoidal masses together with their redundant mucosa are excised through radial slits as described above, and the sphincter injected with nupercain at each site. One quarter inch of intervening bridge of mucosa and skin is always left between excisions to prevent subsequent stricture formation. No sutures are placed to close the gaps in skin and mucosa and these are left to granulate in and epithelialize. Hemostasis is obtained by the suture at the base of the hemorrhoid and by catgut ligation of any bleeding vessels.

Material is not introduced into the rectum for packing or drainage. Pressure dressing is obtained by placing an inverted cone of gauze dressing in the intergluteal fold and then firmly apposing the buttocks by adhesive strapping. This controls post-operative oozing.

Post-Operative Care.—Patients are hospitalized usually for a period of four days. Injections of opiates are given every four hours if necessary for the first twenty-four hours, but the patient is rarely in need of this medication. Barbiturates are given for sleep. Full diet as tolerated is instituted immediately after operation. After the first twenty-four hours, the dressings are removed and while the patient is awake, hot wet compresses are applied every two hours. After thirty-six hours vegetable demulcents or mineral oil are given to produce a soft, bulky stool. On the second or third day, patients are ambulatory and take hot sitz baths three or four times daily. They are encouraged to move their bowels and if a bowel movement has not occurred by the fourth day, four ounces of oil are instilled in the rectum through a soft rubber catheter and followed by a pint of lukewarm tap water enema. The anus is dilated digitally before the patient leaves the hospital and weekly thereafter until completely healed.

The intramuscular nupercain in oil injection relaxes the sphincter for approximately eleven days as evidenced by the lack of spasm in the sphincter when digital examination is performed at the office one week after hospitalization. During this period some patients may lack complete control of the sphincter, especially when mineral oil is used.

Results.—In this series of one hundred and six patients, the spasmodic post-hemorrhoidectomy pain has been completely eliminated. Sixteen patients complained of mild, stinging pain or discomfort, but were not unduly disturbed by it.

There have been no postoperative rectal strictures and no recurrences have been discovered to date. Adequate follow-up after six months was obtained in only 40% of the operations performed in military service, but in 100% of the eighty-one cases operated in civilian practice.

There has been one hemorrhage occurring on the fourth postoperative day in an elderly hypertensive and arteriosclerotic female. This was controlled by packing for three days. One patient presented herself two months after operation with a superficial fistula-in-ano, which was excised under local anesthesia and healed rapidly. This patient is well after two years.

SUMMARY

1. A series of one hundred and six cases is presented in which the open technique of hemorrhoidectomy with injection of nupercain in oil into the isolated sphincter under direct visualization is described.

2. The open technique allows complete and radical excision of the hemorrhoids as well as direct injection of the sphinchter.

3. Postoperative sphincter spasm is eliminated.

4. There have beeen no recurrences to date and complications have been confined to one postoperative hemorrhage and one postoperative fistula-in-ano.

116 S. Michigan Ave.

REFERENCES

1. Cusak, J.: Dublin Quart. Journ. Med. Sci. 23: 94, 1843 Quoted from Bacon.
2. Buie, L. A.: Practical Proctology, Page 200, Saunders, 1938.
3. Gorsch, R. V.: Perineopelvic Anatomy. Tilghman, 1941.
4. Bacon, H. E.: Anus, Rectum and Signoid Colon. Page 7, Lippincott, 1938. Ernest D. Bloomenthal, M.D.

Estimation of the Blood Requirements of the Surgical Patient

Lawrence S. Mann, M.S., M.D.
Chicago

The importance of supplying the surgical patient with adequate amounts of blood preoperatively has been well known. The present trend has been to keep the patient in as normal a physiological state before, during and after surgery. Certain types of individuals show a definite blood volume deficit. These patients tolerated surgery well when this deficiency was corrected.[1,2]

Numerous methods have been devised to determine the circulating blood volume.[3-16] Many of these methods have disadvantages in that they have been tedious, cumbersome, time consuming or involved a great deal of technical procedure in addition to having required special equipment. A simple bedside method of calculating the blood requirements of certain types of surgical patients has been devised, which has proven to be of practical value — *weight loss in pounds x50 = the number of cubic centimeters of blood* required by the patient prior to surgery in order to restore his blood volume to a normal state. This formula applied to those patients who had lost over ten pounds of weight. This method did not apply to patients who had lost blood by hemorrhage or burn cases.

Twenty-five patients were in this series. Carcinomas of the colon, ileum, lung, pancreas, stomach, rectum with and without metastasis were studied. Some of the other diagnoses were inguinal hernia, tuberculous peritonitis, redundant pyloric mucosa, stricture of the ileum, skin ulcer left ankle, duodenal ulcer with and without obstruction, post-operative gastrectomy, gastric ulcer and varicose veins. The weight loss varied from 11 to 50 pounds, the average being 27 pounds.

TABLE SHOWING COMPARISON OF DETERMINED BLOOD VOLUMES WITH EVANS BLUE DYE METHOD (T-1824) & BLOOD REQUIREMENTS DETERMINED BY FORMULA — WT. LOSS IN POUNDS X 50

	Case Number	Determined Blood Volume in cc. with T-1824 (Evans Blue)	Calculated Blood Volume on Average Weight in Health in cc.	Determined Blood Volume on Average Weight Greater than Determined (T-1824) Blood Volume in cc.	Calculated Blood Volume on Average Weight Greater than Determined Blood Volume in cc. (T-1824)	Calculated Amount of Blood Required in cc. by Formula — Weight Loss in Pounds X 50	Calculated Blood Volume (by Formula) Greater than that Determined with T-1824 Method in cc.	Calculated Blood Volume by Formula less than Determined with T-1824 Method in cc.	Pints of Blood Required Employing the Evans Blue Method	Pints of Blood Required Determined on Basis of Weight Loss in Pounds X 50	Weight Range	Weight Loss in Pounds	Diagnosis of Case
1.	29067	5208	6179		971	1250	279		2	3	160-135	25	ca of colon
2.	28665	4444	6475		1911	1750		161	4	4	165-135	35	ca of ileum with met.
3.	28069	4603	4845		242	1100	858		1	2	127-105	22	ca of lung
4.	28248	3333	5725*		2392	2300		92	5	5	160-114	46	ca of pancreas with met.
5.	28639	5634	5780		146	1000	854		1	2	150-130	20	ca of stomach with met.
6.	26885	5800	6645		845	1200	355		2	3	170-146	24	ca stomach
7.	28525	3093	5406		2313	1600		713	5	3	140-108	32	ca stomach with met.
8.	26365	3769	5408		1739	2250	511		4	5	140-95	45	ca stomach
9.	28106	4596	5795		1199	2400	1201		3	5	150-102	48	ca stomach with met.
10.	27024	2648	5984		2336	2500	164		5	5	155-105	50	ca stomach
11.	26804	5441	5408	33		1000	1033		0	2	140-120	20	ca rectum
12.	28703	5084	6179		1095	1800	705		2	4	160-124	36	ca rectum
13.	28354	4615	5355		740	550		190	2	1	150-139	11	fractured tibia
14.	28933	5285	6120*		835	600		235	2	1	189-177	12	hernia & hemorrhoid
15.	28570	4863	5950*		1097	1650	553		2	4	185-152	33	tbc peritonitis
16.	28325	4166	5210		1044	1100	56		2	2	135-113	22	redundant pyloric mucosa
17.	29038	4438	5525		1087	1400	313		2	3	143-115	28	stricture of ileum
18.	28211	5357	6075		718	750	32		2	2	165-150	15	ulcer left ankle
19.	29002	5288	5685		397	750	353		1	2	148-133	15	duodenal ulcer with obstruction
20.	29144	4590	5290		700	1300	600		2	3	138-112	26	duodenal ulcer with obstruction
21.	27697	4776	5950		1174	1500	326		3	3	154-114	30	duodenal ulcer
22.	28503	4724	6757		2033	2000		33	4	4	175-135	40	post-operative gastrectomy
23.	26980	6271	6298		27	550	523		0	1	163-152	11	gastric ulcer
24.	28257	4687	5440		753	850	97		2	2	142-125	17	gastric ulcer
25.	29211	4132	5211		1079	900		179	2	2	135-117	18	varicose veins
AVERAGE		4714	5783	33	1075	1360	490	229	2.4	2.9		27	

*Height, weight, age & sex tables utilized to determine average weight in health.

Procedure and Technique. — The circulating blood volume was determined with the Evans Blue azo dye T-1824. The blood volume was calculated on the average weight in health. The difference between these figures was the amount of blood required, when the Evans Blue method was employed. In three instances standard tables for height, weight, age and sex were used. These were in patients who were obese prior to illness, thin or patients who because of prolonged illness never attained optimal weight.[1] A second calculation was made of the weight loss in pounds by determining the difference between the present weight and the average normal weight in health. The weight loss in pounds was then multiplied by the factor 50 in order to determine the number of cubic centimeters of blood required. Blood was administered to these patients in 500 cc. quantities. If the amount required was over 100 cc., a pint was administered. For example: The patient whose blood deficit was calculated to be 1095 cc. would receive 2 pints of blood, whereas one whose blood volume deficit was found to be 1650 cc. of blood would receive 4 pints of blood. A comparison of the two methods were made, which is expressed in the accompanying table.

The procedure utilized for the blood volume determination with the Evans Blue dye was the result of work done on this subject by Gibson and Evans,[3,4] Gibson and Evelyn,[5] Gregersen, Gibson and Stead,[6] Gregersen[7] and Clark, Nelson, Lyons, Mayerson and DeCamp.[1,2,14] This procedure with a few slight modifications was essentially the same as that utilized by the latter group. 30 cc. of blood was withdrawn (in an heparinized syringe) from the antecubital vein without tourniquet compression, in fasting patients who had been lying quietly for ten minutes prior to the test. Five cc. of Evans Blue dye (T-1824) was injected into the same vein after it had been measured in a calibrated syringe. Blood was withdrawn into the same syringe and reinjected three times into the same vein. A second 30 cc. blood sample was drawn from the opposite antecubital vein (without tourniquet compression) exactly ten minutes after the dye had been injected. This sample was also collected in an heparinized syringe. A Wintrobe hematocrit tube was filled to the proper mark with blood from the first sample.[17] The remainder of the first blood sample and the second sample were respectively transferred to paraffinized centrifuge tubes. The blood samples and the hematocrit tube were centrifuged for 30 minutes at 3000 revolutions per minute. The optical density of the plasma and a standard were determined with a 620 mu filter in the Lumetron photoelectric colorimeter. The plasma volume was determined by dividing the optical density of the standard by the optical density of the unknown and multiplying the result by 2500. The plasma volume was then multiplied by 100 and divided by the factor 100 minus the hematocrit, which gave the blood volume.

Discussion. — The amount of blood required by the surgical patient prior to surgery has been estimated by a simple formula utilizing the weight loss in pounds multiplied by the factor 50. A comparison of the Evans Blue dye method and the above method was made as shown in the accompanying table. It has been found that the above formula does not apply in patients who have lost ten pounds or less in weight, nor to burn or hemorrhage cases. The average amount of blood required was 2.4 pints with the Evans Blue method and 2.9 pints with the simple calculation method. In three instances in this series of patients, insufficient amounts of blood would have been administered with the calculation method, however, in one instance this value was 240 cc. and in a second, 325 cc. These values would not be clinically significant in view of the fact that these figures come well within the percentage of error of the Evans Blue dye method. The third case was one which would have been 813 cc. short, but this case had a carcinoma of the stomach with metastasis and was moribund. For practical purposes, the simple calculation method works very well and is within the limits of clinical error.

SUMMARY

Twenty-five cases with weight loss varying from 11 to 50 pounds were studied to determine the blood requirements. A comparison was made of the Evans Blue dye method and a simple calculation method, weight loss in pounds X 50= number of cc. of blood required. The amount of blood received by the patients would have been adequate except in one instance, which was moribund with carcinoma of the stomach with metastasis. This method is simple, requires no special

apparatus and is sufficiently accurate for clinical use.

CONCLUSION

The number of cubic centimeters of blood required by certain types of cases with oligemia may be determined by multiplying the weight loss in pounds by the factor 50.

55 East Washington Street

REFERENCES

1. Clark, J. H., Nelson, W., Lyons, C., Mayerson, H. S. and De Camp, P.,: Chronic Shock: The Problem of Reduced Blood Volume in the Chronically Ill Patient, Ann. Surg. 125: 618-646 (May) 1947.
2. Lyons, C. and Mayerson, H. S.: The Surgical Significance of Hemoglobin Deficiency in Protein Depletion, J.A.M.A. 135: 9-10 (September 6) 1947.
3. Gibson, J. G., 2nd and Evans, W. A., Jr.: Clinical Studies of the Blood Volume. I. Clinical Application of A Method Employing the Azo Dye "Evans Blue" and the Spectrophotometer, J. Clin. Invest. 16: 301-315 (May) 1937.
4. Gibson, J. G., 2nd and Evans, W. A., Jr.: Clinical Studies of the Blood Volume. II. The Relation of Plasma and Total Blood Volume to the Venous Pressure, Blood Velocity Rate, Physical Measurements, Age and Sex in Ninety Normal Humans, J. Clin. Invest. 16: 317-328 (January) 1937.
5. Gibson, J. G., 2nd, and Evelyn, K. A.: Clinical Studies of the Blood Volume. IV. Adaptation of the Method to the Photoelectric Colorimeter, J. Clin. Invest. 17: 153-158 (March) 1938.
6. Gregersen, M. I., Gibson, J. G., 2nd and Stead, E. A.: Plasma Volume Determination with Dyes; Errors in Colorimetry; Use of the Blue Dye T-1824, Am. J. Physiol. 113: 54-55 (September) 1935.
7. Gregersen, M. I.: A Practical Method for the Determination of Blood Volume with the Dye T-1824, J. Lab. and Clin. Med. 29: 1266-1286 (December) 1944.
8. Gibson, J. G. 2nd, Weiss, S., Evans, R. D., Peacock, W. C., Irvine, J. W., Jr., Good, W. M. and Kip, A. F.: The Measurement of the Circulating Red Cell Volume by means of Two Radioactive Isotopes of Iron, J. Clin. Invest. 25: 616-626 (July) 1946.
9. Gibson, J. G., 2nd, Peacock, W. C., Seligman, A. C. and Sack, T.: Circulating Red Cell Volume Measured Simultaneously by the Radioactive Iron and Dye Methods, J. Clin. Invest. 25: 838-847 (November) 1946.
10. Nitshe, G. A., Jr. and Cohen, P. P.: Simplified Determination of Blood Volume, Am. J. Clin. Path. 17: 239-243 (March) 1947.
11. Phillips, R. A., Yeomans, A., Dole, V. P., Farr, L. E. and Van Slyke, D. D.: Estimation of the Blood Volume from Change in Blood Specific Gravity Following a Plasma Infusion, J. Clin. Invest. 25: 261-269 (March) 1946.
12. Beling, C. A., Morton, T. V. and Bosch, D. T.: Blood Volume and Other Determinations in Preoperative and Postoperative Care, S. G. & O. 87: 163-171 (August) 1948.
13. Green, D. M.: The Measurement of Hemorrhage, Northwest Med. 46: 517-523 (July) 1947.
14. Nelson, W., Mayerson, H. S., Clark, J. H., and Lyons, C.: The Blood Volume in Health and Disease, Modern Med. 16: 35-40, 97-108 (February 1) 1948.
15. Green, D. M. and Metheny, D.: The Estimation of Acute Blood Loss by the Tilt Test, S. G. & O 85: 1045-1050 (June) 1947.
16. Meneely, G. R., Wells, E. B. and Hahn, P. F.: Application of the Radioactive Red Cell Method for Determination of Blood Volume in Humans, Am. J. Physiol. 148: 531-537 (March) 1947.
17. Mann, L. S.: A Rapid Method of Filling and Cleaning Wintrobe Hematocrit Tubes, Am. J. Clin. Path. 18: 916 (November) 1948.

SMEAR TEST DETECTS INACCESSIBLE CANCERS

Earlier detection of cancers arising in the gallbladder, pancreas, and certain bile ducts appears to be possible by use of the smear test, two Boston doctors report in the Sept. 24 Journal of the American Medical Association.

The test is the most hopeful technique yet described for early detection of this group of otherwise obscure and inaccessible maligant tumors which accounts for at least 10,000 deaths annually in the United States, say Drs. Henry M. Lemon and Walter W. Byrnes.

The smear test is based on examination under the microscope of shed body cells to see if cells indicating a malignant condition are present. Sediments of material taken from the portion of the small intestine adjoining the stomach are stained by the method developed by Dr. George N. Papanicolaou of the Cornell University Medical College, New York, according to the article.

The doctors studied 38 patients with nonmalignant disease of the liver, pancreas, small intestine, and biliary tract and 16 patients with proved cancer of these areas.

In none of the patients with nonmalignant disease did the smear test show even questionable evidence of cancer. In the 16 cases of proved cancer, 11 were suspected or diagnosed from the smear test.

CASE REPORTS



Unrecognized Pernicious Anemia In Patients With Chronic Arthritic Complaints

William J. Ford, M.D.
Chicago

Subacute combined cord degeneration might, in the absence of an accurate clinical appraisal, be improperly diagnosed and treated as chronic arthritis with deleterious results to the patient.

Current thought tends to be sanguine about the pernicious anemia problem. Haden and Bortz[1], recently reiterated the common belief that its treatment is a great medical triumph. A large life insurance company[2] refers to the extremely low death rate from pernicious anemia, 7000 fewer than in 1926 when liver therapy was introduced. Among its policyholders, mortality has declined 82% in the age group 1-74 and 80% in the group 45-74 where mortality is concentrated. Even about neurological pernicious anemia, Rundles[3] stated the prognosis was better than generally recognized.

From the Dept. of Medicine, St. Joseph Hospital, Chicago. Instructor in Medicine, Northwestern University Medical School.

It must be mentioned that liver controls, does not cure the disease and that to the estimate of 100,000 patients of Murphy[4] in 1948 some unrecognized pernicious anemia patients should be added.

The cardinal signs of pernicious anemia are well known. The central nervous system symptoms may be accorded repetition. Haden[1] called these the serious and crippling lesions of the disease, indicating that severe neurological involvement might accompany mild anemia.

Bethell and Sturgis[5], reviewing 70 patients over 10 years, stated that while most cases showed improvement with specific therapy, the period of that improvement was limited to the first year and the period of greatest recovery was the first six months. The danger of suboptimal therapy was emphasized. Rundles[3] made similar observations. For the neurological residuals beyond the recovery period, no therapy is at hand.

The neurological relapse includes cerebral disease, an entity long known to psychiatrists[6]. Adams and Kubic[7] presented two cases and reviewed the literature in 1944, summarizing 14 cases with neuropathology. The salient features of subacute degeneration of the brain in the early stages are drowsiness, confusion, irritability, memory defect, mental sluggishness, easy fatigue, apathy and disinclination for mental effort; there are difficulties of attention, stressed in most case histories. In the later stages there may be suspiciousness, delusions of persecution, depressions of varying degree, hallucinations, delirium, disorientation and frank psychoses.

Clinicians have estimated the central nervous system involvement to be frequent. Wintrobe[8] suggests 70-85%, Haden[9] 80-85%. More pertinent to the practitioner is the estimate that in 25% the cord changes may attract attention to the disease for the first time. Thus, even with careful appraisal, the ideal of early and exact diagnosis is not always a possibility.

In the two cases presented, chronic arthritis was the incorrect diagnosis under which the neurological pernicious anemia progressed because specific therapy was not given.

Case 1. A. white female, 63, was referred by a urologist on July 15, 1946. A urinary infection had been successfully treated. Her complaint was unsatisfactory treatment of leg and arm symptoms diagnosed as arthritis. There had been a sore tongue in 1943, seen by a physician, which disappeared without therapy. A second physician prescribed vitamins a few months later for complaints of weakness and easy fatigue. For 18 months prior to July 1946 she had been managed by a third physician as an arthritic. Numbness and weakness of the extremities had progressed while injections were being given for arthritis and the accompanying anemia. Additional complaints at the first examination included fulness after eating, marked fatigue, shortness of breath, edema of the ankles. Gait was staggering; the patient supported herself on walls or furniture. She was grey-haired, appearing older than 63 and the skin had a yellow tint. Arteriosclerosis was evident in retinal arteries. Knee jerks were present only with reinforcement and were inconstant. Romberg's sign was positive. Vibratory sense was absent to the knees bilaterally. Blood pressure was 186 systolic, 90 diastolic. Hematologic findings included hemoglogin 11 grams per 100 c.c., erythrocytes 2.77 million, leucocytes 7350 with normal differential. Blood Kahn was negative. The color index was 1.36. Gastric analysis (alcohol meal) revealed no free acid. On July 31, after liver therapy was in effect a few days, erythrocytes were 4.13, hemoglobin 12.5 grams, hematocrit 41.2%. The mean corpuscular volume was 100. Reticulocyte determination revealed an inconclusive 0.7%. The diagnosis of pernicious anemia with subacute combined cord degeneration was considered established and intensive parenteral liver therapy begun. Within 6 weeks a subjective improvement was noted in gait along with a scattered return of vibration sense. The Romberg test revealed less swaying of the patient. After 4 months, erythrocytes reached 4.67 million, hemoglobin 12 grams. The Romberg test became negative and further improvement was noted in gait. The lower extremities still had a heavy feeling subjectively. In February 1947 the patient moved to another city where treatment was continued, returning at irregular intervals for examination. In June 1947 she was seen with erythrocytes 5.18 million, hemoglobin 13 grams. Vibration sense was present, in diminished degree, from ankle to mid tibia, normal from mid-tibia to knee. She had at this time dispensed with her cane. In Oct. 1947, vibration sense, gait and posture were normal for a lady of 64 years. Improvement was maintained when last seen in early 1949. The knee jerks did not return to normal and a certain heaviness of the legs did not completely disappear. Therapy continues.

Case 2. A white female, 74, presented herself on April 20, 1948 for consideration of unsatisfactory progress in treatment for arthritis of the knees by another physician. In the six months prior to examination, she had received intravenous and intramuscular medication and at least three oral medications. Liver therapy of some sort was part of this regime. Her complaint was described as arthritis. Specifically it was pain, weakness and disability of both lower extremities, easy loss of balance and a tendency to stagger at times. She fatigued easily. She was ambulatory, though with difficulty. The most distressing complaints were a strange feeling in the head as of being completely played out and an extreme drowsiness. Impairment of memory and inability to give attention to a given task

were sources of great anxiety. She had been a woman used to being active intellectually and in useful social pursuits. These mental symptoms had progressed rapidly in the past six months. Examination revealed a well-nourished woman, walking with difficulty. Blood pressure was 144 systolic, 80 diastolic. Obviously ataxic, she had a negative Romberg test, coordinated well. Vibration sense was absent from the knee to the malleoli bilaterally. The knee and ankle reflexes were absent. Some edema of the ankles was noted. Laboratory tests revealed: erythrocytes 3.57 on April 20. On April 23, the erythrocyte count was 3.45, hemoglobin 13.05, leucocytes 5550 with normal differential, hematocrit 40, color index 1.26, mean corpuscular volume 113. Gastric analysis (alcohol meal) revealed no free acid. Blood Kahn was negative. The diagnosis was macrocytic anemia with subacute combined cord degeneration. Intensive liver therapy was started even though a definite diagnosis of pernicious anemia was not established. The risk of inducing a relapse for diagnosis was considered unwise for fear of fostering mental deterioration. By June 1948, vibration sense was returning. Improvement in strength and gait was evident. After five months therapy the erythrocytes had risen to 4.5 million, neurological and mental improvement were noted. In ensuing months, improvement was slow. The patient is well aware of the concurrent aging process, yet is aware too of improvement in physical and mental vigor. Therapy continues.

COMMENT

These two patients have subacute combined cord degeneration. Case 1 is a typical pernicious anemia with cord changes; case 2 presents cerebral changes consistent with subacute degeneration of the brain tissue, although arteriosclerotic changes might be invoked as a cause. Wilson[10], stresses the prominence of vascular combined disease, but states that the diagnosis of pernicious anemia is justified in the absence of a typical blood picture when some degree exists of anemia accompanied by achlorhydria. Beebe and Wintrobe[11] state that macrocytosis, even when anemia is slight, aids in differentiation from arteriosclerosis. The rapid progression of mental symptoms, as in case 2, suggested to Rundles[3] that pernicious anemia be favored as a diagnosis over arteriosclerotic cord and brain changes. Admittedly in the elderly, mental changes require careful consideration of many factors. The presence of macrocytic anemia, achlorhydria and subacute combined cord degeneration establish the diagnosis reasonably well in the second case.

A method of establishing the diagnosis of pernicious anemia, available to limited clinical centers, has been described[11,12]. Beef digested with the patient's gastric juice is given to a known pernicious anemia patient in relapse. The presence of intrinsic factor is proven by a favorable response of the relapsed patient.

Consideration of pernicious anemia in the patient with chronic arthritic symptoms has been pointed out by rheumatologists including Comroe[13]. Isaacs[14] has said that healthy geriatric patients show no characteristic abnormalities of the blood except slight decrease in erythrocytes and hemoglobin. Finally, in arthritis the anemia is hypochromic and the neurologic findings of cord disease absent. Pernicious anemia should, therefore, stand out clearly against a background of senility, arteriosclerosis and rheumatism.

SUMMARY

Two cases are described in which subacute combined cord degeneration progressed because the patients were mistakenly treated as chronic arthritis. Late specific therapy led to partial recovery.

The gravity of neuroanemia and the incomplete recovery on liver therapy encourage early diagnosis.

BIBLIOGRAPHY

1. Haden, R. L. and Bortz, D. W.: Idiopathic Pernicious Anemia. J.A.M.A., 138, No. 12, p. 870-873 (Nov. 48).
2. Statistical Bulletin, Metropolitan Life Ins. Co., Vol. 29, No. 10, p. 9 (Oct. 48).
3. Rundles, R. W.: Prognosis In The Neurologic Manifestations Of Pernicious Anemia. Blood: 1: 209-219 (1946).
4. Murphy, W. P.: Twenty Years Of Liver Therapy. Blood: 3: p. 32 (Jan. 48).
5. Bethell, F. H. and Sturgis, C. C.: Relation Of Therapy In Pernicious Anemia To Changes In Nervous System. Blood: 3: 57-67 (Jan. 48).
6. Henderson and Gillespie: A Textbook Of Psychiatry. 5th Ed. 1941, p. 409.
7. Adams, R. D. and Kubic, C. S.: Subacute Degeneration Of Brain In Pernicious Anemia. New England J. Med. 231: 1-9 (July 6, 44).
8. Wintrobe, M. M.: Clinical Hematology. 1942.
9. Haden, R. L.: Pernicious Anemia From Addison To Folic Acid. Blood: 3: 22-31 (Jan. 48).
10. Wilson, S. A. K.: Neurology, 1941.
11. Beebe, R. T. and Wintrobe, M. M.: Diagnosis Of Obscure Cases of Pernicious Anemia. Arch. Int. Med.: 51: 630-637. (1943).

12. Murphy, A.: True Pernicious Anemia With Achlorhydria. Med. J. Australia, 1: 521-530. (April 24, 1948).
13. Comroe, B. I.: Arthritis And Allied Conditions, 1944. Also 1941, Ed.
14. Steiglitz, E. J.: Geriatric Medicine, 1943: section by Isaacs, R.

Eventration of the Intestine Through the Vagina Following Vaginal Hysterectomy

Paul C. Fox, M.D.; F.A.C.S.
Oak Park

Eventration of the intestine through the vagina following vaginal hysterectomy is apparently a very rare condition. A considerable search of the package library and of the indices at the American College of Surgeons has yielded only scant reference to it in the literature.

Bröse, in 1909, reported a case of enterocele following vaginal hysterectomy in which the intestine prolapsed through an eroded area in the vaginal mucosa and became strangulated — this he corrected by vaginal operation.

Rieunau, in 1933, reported a case of vaginal eventration of a loop of small intestine fourteen years after vaginal hysterectomy — this he corrected by laporotomy.

These are the only two cases we have been able to locate in the literature of true eventration of the intestine through the vagina following vaginal hysterectomy. There are many references to cases of prolapse but they cannot be classified with the above cases nor with the one about to be reported.

Because of the rarity of this condition we felt justified in reporting the following case.

Mrs. N. B., age 74, Para II, was referred to me by Dr. Cecil Cooper at the West Suburban Hospital in October, 1946, because of complete procidencia. This condition had been getting progressively worse during the past several years and had recently caused her a great deal of distress. This patient was obese, weight 210 Lbs., and had been under treatment for a number of years for pernicious anemia. However, at this time her anemia was under control — Hg; 70%; blood pressure — 158/100; urine — neg.; and she seemed to be in fairly good physical condition considering her age. Because of the great distress she was having from the prolapse, it was decided to correct it by vaginal hysterectomy.

On October 17, 1946, we did a vaginal hysterectomy according to the Mayo-Ward technique — using the upper portion of the broad ligaments to interpose between the symphysis pubis and the bladder, and using the Ward Rectopexy suture to close the posterial vaginal opening. Thus, using the base of the broad ligaments and utero-sacral ligaments to close the cul-de-sac and support the rectum and posterior vaginal vault. Needless to say, the recto-vaginal fascia in this case was unusually thin. The patient made an uneventful recovery from this operation and was sent home on the twelfth post operative day. She was seen at the office about six weeks after the operation and had a satisfactory result. She was relieved from her distress and had good control of the bladder and rectum. However, it was noted that there was a very small enterocele rather high in the shortened vaginal vault but since it was causing no symptoms, nothing was done to correct it.

On January 20, 1948, fifteen months after the above operation, the patient, while at the toilet, noticed something protruding from the vagina. She immediately called her attending physician who diagnosed the case as one of eventration and took her to the hospital.

Presented before the Chicago Gynecological Society, May, 1948.



Figure 1

On examination at the hospital, it was found that several loops of illium were protruding through the vagina and hanging over the vulva. They were not covered by vaginal mucosa or peritoneum. The patient had practically no shock and was suffering only from moderate dragging pain and great fear. See Figure 1.

The patient was placed in the lithotomy position and the vulva prepared as carefully as possible. The intestines were thoroughly irrigated with warm normal saline solution. On inserting a finger into the vagina, a small opening, barely large enough to admit the index finger, was found about three centimeters above the vaginal introitus. Through this opening the intestine had escaped. Attempts to reduce the intestine through this opening were unsuccessful. The opening was therefore enlarged by digital and blunt dissection until the intestines were successfully replaced. A small lap spongue was then inserted into the cul-de-sac to retain the intestines until the repair could be made. The vaginal tissues were dissected back until the base of the broad ligament was found and some relatively firm fascia on the posterior surface of the vaginal flap was identified. A purse-string suture was then inserted in such a manner as to close this opening. The lap spongue was then removed and five grams of sulphathiazole was instilled into the cul-de-sac. The purse string was then tied. The fascia on the posterior vaginal wall was brought together by mattress sutures to strengthen the purse string closure. A small amount of vaginal mucosa was then trimmed off and the edges approximated.

The patient again made an uneventful recovery and left the hospital on the fourteenth post operative day. She was seen at the office on April 19, 1948, — three months after the operation. She has regained her strength and is feeling better than she did following the first operation. The vagina is firmly healed and admits one finger to the depth of one phalanx. There is no evidence of recurrence.

715 Lake Street.

SURGEONS REMOVE PLUG BLOCKING ABDOMINAL ARTERY

Successful surgery to remove a plug blocking the circulation of the main abdominal artery is reported in the Oct. 8 Journal of the American Medical Association.

Two cases in which lives of patients apparently were saved by making incisions directly into the artery and removing the mass that had formed are described by surgeons from Memphis, Tenn., and Honolulu.

One operation was performed by Dr. Harwell Wilson of the University of Tennessee College of Medicine, Memphis, at the Baptist Memorial Hospital in that city. The patient, a 57-year-old man who had previously had varicose veins and blood clots in his legs, was sitting at his desk when he suddenly felt both legs become numb and cool. Five hours later the surgery was performed, and he recovered.

The other patient, reported by Drs. C. M. Burgess and A. S. Hartwell of Honolulu, was seized by severe pain in his abdomen and back and his legs became cold. Nine months after the operation he was back at work.

PATHOLOGY CONFERENCES

EDWIN F. HIRSCH, DEPARTMENT EDITOR



Presentation of Three Cases

Herman Josephy, M.D.
Chicago State Hospital
Chicago

DIFFUSE CARCINOMA OF THE STOMACH, WITH EARLY MISLEADING METASTASES

A white woman, 57 years old, was admitted to the surgical service at the Chicago State Hospital in August 1947. For about 9 months some nodes appeared in her left axilla, and were increasing in size. Physical examination revealed no significant pathology, other than the masses in the axilla. There were no nodes in either breast. X rays of the lungs were negative. There was no anemia.

Six years before the axillary nodes appeared, gynecological surgery had been performed. However, according to the report of the surgeon, there was no indication whatsoever of a malignancy in the pelvis. The axillary nodes removed on August 18, 1947, consisted of a large and apparently well encapsulated node, 6 by 4 by 2 cm, and a piece of fat with several small nodes. All nodes were hard.

Microscopical examination revealed lymph nodes invaded by a cancerous tumor. Most of the lymphatic tissue was replaced by fairly uniform, medium-sized cells with a large nucleus. These cells were arranged in solid strands and masses, separated by a small amount of connective tissue. Axillary fat and lymphatics were invaded. There was some question whether these cells represented a reticulum cell sarcoma or a carcinoma. Finally, the latter diagnosis was decided upon. As neither glandular structures nor goblet cells were found, it was added that a primary cancer of the intestinal tract probably was not the source of the metastasis. Neither was there any clinical evidence of such malignancy. Blood counts and hemoglobin determinations during this time yielded normal results.

The presence of a small, clinically hidden primary carcinoma of the mammary gland was considered and finally, in December 1947, the left breast was amputated. However a thorough gross and microscopical examination of the tissues removed failed to reveal a cancerous growth.

The patient made an uneventful recovery and was able to work from April 1948 to the middle of December 1948, when she reentered the hos-

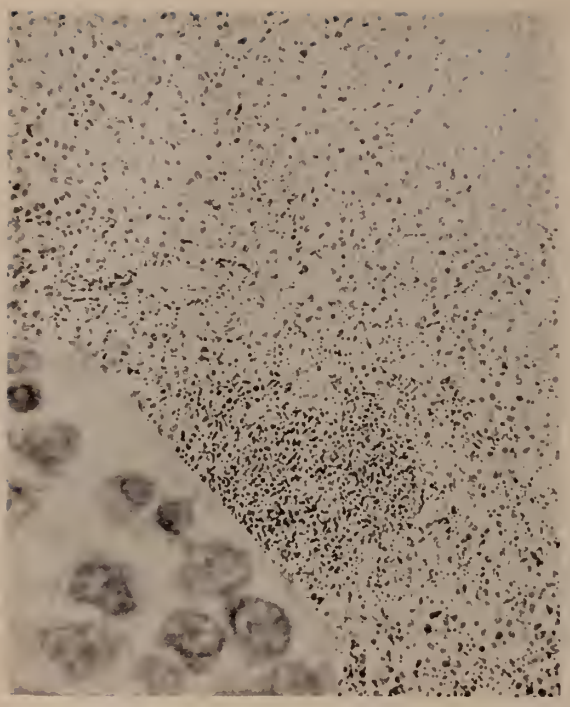


Figure 1. Photomicrograph of a section taken from the axillary lymphnodes removed in August 1947. The lymphatic tissue (dark round nuclei) is almost completely replaced by large tumor cells. Inset shows the tumor cells at high power magnification.

pital. An x ray of the stomach at this time revealed irregularity and constriction of the antrum, and since the patient rapidly grew worse, she obviously had a cancer of the stomach.

She expired on February 1, 1949, more than two years after the first tumor nodes in the left axilla had appeared.

The main findings at the autopsy were:

Diffusely infiltrative carcinoma of the stomach, metastatic carcinoma of the lymph nodes of the anterior mediastinum, the epicardium, the abdominal lymph nodes, the peritoneum, the liver, the right kidney, the uterus, and the right ovary.

The pylorie portion of the stomach was rigid and hard; a section through the wall of the stomach revealed that the muscularis was diffusely infiltrated by white hard tumor tissues; the wall measured about 2 cm in width at the pylorie end. The tumorous infiltration could be followed into the fundus, where it tapered off to a thin layer. The mucosa of the stomach had no circumscribed tumor or ulcer. It had normal folds and a gray-red color. In the pyloric region, it seemed to be slightly ulcerated. There were adhesions between the stomach and the hepatic flexure of the colon. The wall of the colon was slightly invaded by tumor, the mucosa was intact.

Carcinoma metastases were found as indicated above, those in the uterus and the right ovary were noteworthy. The myometrium had many tumor nodes, the uterine mucosa and the cervix were normal. The right ovary (the left one had been removed 8 years prior to death) was 5 cm in diameter. It was hard, gray and its surface had retracted and protruding regions.

Microscopical examination of the stomach revealed a diffusely infiltrative cellular carcinoma. The muscular layer and the serosa had medium sized polyhedral cells with a large nucleus. They were arranged in strands and masses, and without gland formations. The microscopic structure was the same, as that in the axillary lymph nodes removed 1½ years prior to death. The gastric mucosa was spared from tumor invasion, except in the pyloric region, where the normal epithelium had disappeared and was replaced by tumor cells in a diffuse arrangement. All metastatic nodes had the same structure as the primary tumor.

COMMENT

The gastric tumor is a diffuse carcinoma according to Ewing's classification. It is markedly anaplastic and the histological structure suggests a high grade malignancy. Probably, it originated in the pyloric region.

There can be no doubt, that the enlarged lymph nodes in the left axilla which appeared more than two years prior to death, were metastases of this gastric carcinoma. The



Figure 2. Stomach, exhibiting diffuse carcinoma. Note the width of the stomach wall in the pyloric region.

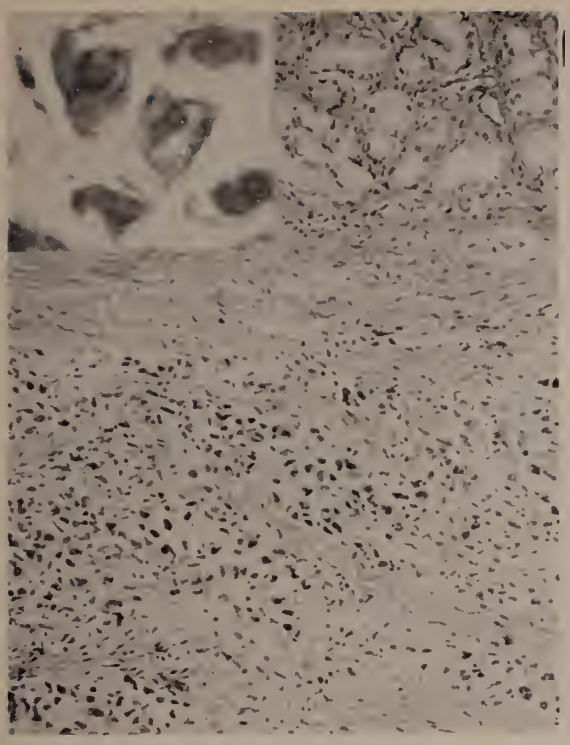


Figure 3. Photomicrograph of the stomach cancer. The muscularis is diffusely invaded by tumor cells. The mucosa (top of the picture) is practically intact. Inset shows tumor cells at high power magnification.

identity of the cell type and arrangement in both — the axillary nodes and the stomach — prove it.

Stomach carcinoma may cause early distant metastases via the thoracic duct. The supraclavicular lymph nodes (Troisier's node) are well known. An early spread to the axilla is exceptional. It is remarkable that the primary tumor could not be located at once when the metastases appeared. The reason may be not only in the unusual microscopical structure of these metastases, but also because there were no symptoms referable to the abdomen or the stomach. More than a year elapsed after these metastases were removed, until the patient had symptoms of a stomach ailment. It seems that at the end a rather sudden and widespread abdominal dissemination of the cancer occurred.

BRONCHIAL CARCINOMA WITH UNUSUAL METASTASES

A white man, 55 years old, was admitted to the Chicago State Hospital on April 26, 1948. He had been a mental patient twice before, in 1945 and in 1946. He was diagnosed as a case of involutionary psychosis with depression.

A routine x-ray picture of the chest taken in August 1945 revealed several calcifications in both lungs indicating healed tuberculosis or fungus infection. Another one taken in October 1946 showed slightly enlarged hilar glands and an increased fibrosis in the right lung field suggestive of a fibrotic type of tuberculosis with little if any activity.

When admitted in 1948, the patient seemed to be confused and disturbed. Later he became more quiet, but was apathetic and indifferent.

It was said that he had convulsions before admission. However, no confirmation could be obtained.

Routine x-ray pictures of the chest taken in May and December 1948 revealed no essential changes as compared with the one taken in 1946.

However, as an active process in the lungs could not be excluded with certainty, the chest x-rays were repeated several times. In February 1949 some densities appeared in the left lung suggesting an activated tuberculosis. X-rays taken bimonthly showed increase and some spread of these densities and therefore a final diagnosis of pulmonary tuberculosis was made, although several sputum examinations were negative.

The patient expired on August 20, 1949, at the age of 57 years.

The main anatomical findings of the autopsy were: carcinoma of the upper lobe bronchus of the left lung; chronic interstitial (fibrotic pneumonia of the left upper lobe; metastatic carcinoma of the skin, hilar lymph nodes, heart (epicardium, endocardium), spleen, liver, peritoneal lymph nodes, adrenals, kidneys, and brain.

There were ten subcutaneous nodes on the trunk, 0.5 to 2 cm. in diameter. They were encapsulated and movable. A surface made by cutting had white, hard, lobular and somewhat glistening tissue.

The left lung weighed 1100 gms. A hard grey tumor mass in the hilar region was 5 by 5 by 5 cms. It spread infiltrating and without definite borders into the upper lobe. The bronchus of this lobe was in the center of the tumor and its mucosa, which was smooth and pink in its proximal portion, became white and papillomatous in the region of the tumor. The

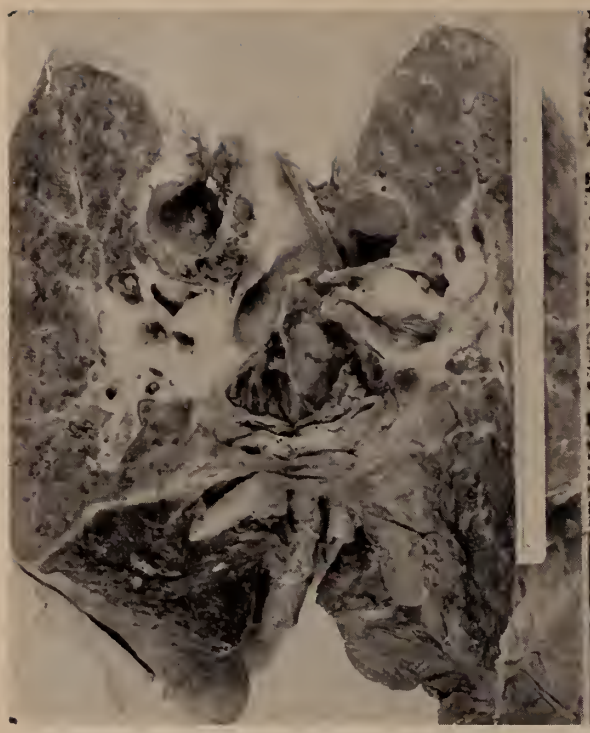


Figure 4. The left lung with the tumor. Note the meaty, fibrous appearance of the upper lobe.



Figure 5. Photomicrograph of the tumor, arising from the bronchus. The bronchial cartilage is preserved; the mucosa is replaced by tumor masses. Inset shows the "oat cells" of the tumor at high power magnification.

upper lobe was airless, firm, and had a meat like appearance. No nodes were found beside the main tumor.

The heart weighed 410 gms. There was a serofibrinous pericarditis. The epicardium, at the laterial border of the left ventricle, contained a flat tumor, 2 by 2 by 0.5 cms. It was adherent to the myocardium, but did not infiltrate deeply. The right ventricle contained a tumor node, 3 by 2.5 by 2 cms which was connected by a thin stalk with the endocardium. It was white, firm, and had a corrugated surface. The spleen had a tumor node, about 1 cm in diameter.

Many large metastases were in lymph nodes, in the liver, and in both kidneys. Both adrenals were changed into tumor masses, each measuring about 7 by 6 by 5 cm. No functional parenchyma was found in the gross specimen. The brain contained 7 metastases in both cerebral hemispheres and in the cerebellum. They varied in size from 1 to 3 cm. in diameter. One, in the cerebellar vermis, occluded almost completely the fourth ventricle. Another, in the right occipital lobe, had a recent hemorrhage.

Microscopical examination revealed an alveolar undifferentiated "oatcell" carcinoma. The tumor cells were uniform, spindleshaped and rather small. Mitotic figures were infrequent. The nodes of the skin had occasional giant cells with one large or several small nuclei. The endocardial metastasis had the same structure as the other tumor nodes.

COMMENT

Bronchial carcinoma was found in 11 of 540 autopsies during 4 years and 8 months at the Chicago State Hospital. This amounts to two percent in a series of postmortems performed upon people who almost exclusively were over 50 years old. Six, that is more than half of the cases, had brain metastases. Some of the patients were committed because the involvement of the central nervous system caused mental symptoms.

The case described above exhibits some unusual features. First, there were no metastases in the skeleton. They were not found at the autopsy nor were they visible in the x-ray pictures. If they had been present in the latter,



Figure 6. Heart with metastastic tumor node in the right ventricle.

the clinical diagnosis of pulmonary tuberculosis would have been changed. Second, of the metastases found in this case, those in the skin and in the spleen are rather uncommon. The endocardial metastasis is a rarity. Apparently, it did not cause clinical sysmptoms.

This case illustrates the difficulties encountered in making a clinical diagnosis upon mental patients who are uncooperative and frequently do not complain of physical discomfort. Proper specimens of sputum are often not obtainable and therefore a negative result of repeated examinations for tubercle bacilli is considered in a mental hospital as of less importance than in a general hospital.

Since, in this case, a number of routine x-ray films were made during four years before the patient expired, something can be said about the development of the cancer. A study of the films with the knowledge that there was a tumor, shows a shadow in the left hilum first visible in February 1949, six months before death. At this time the shadow which is spotted by calcified lymph nodes is hardly dense enough to suspect a tumor. Not before May 1949, that is four months before death, had it increased in size to where a tumor might have been suspected.

ASTROBLASTOMA OF THE BRAIN WITH SUDDEN DEATH

A white woman, 46 years old, was found in a state of mental confusion at the Union Station in Chicago on March 8, 1949. Investigation by the Travellers Aid office revealed that she was en route from North Carolina to South Dakota. Further information was obtained from her children who stated that for some time she had been "nervous" and occasionally could not "concentrate". She had consulted a physician who attributed her complaints to "change of life". On admission to Chicago State Hospital, on March 16, 1949, the woman was still confused. Examination revealed an organic brain disease. There was aphasia, agnosia and apraxia, and also some paresis of the right extremities. The pupils reacted sluggishly to light. The optic discs were normal. The deep reflexes were exaggerated on both sides. The Babinski sign could not be elicited.

A tentative diagnosis of a neoplasm was made and surgery was considered. However, on April 2 the patient who seemed somewhat improved, had a severe epileptic convulsion and died suddenly.

The main finding at the autosy was a large brain tumor. The tissues of the chest and of the abdomen had no pertinent pathology.

The dura matter was adherent loosely to the calvarium. It was tense and when opened, only a small amount of cerebrospinal fluid escaped. The brain was swollen: the convolutions were flattened and the sulci were narrow. The weight was 1350 gms. The basal arteries were soft. The left cerebral hemisphere was somewhat larger than the right one and its occipital pole was slightly fluctuant. In the left parieto- occipital region was a tumor 7 cm. long and 4 cm. wide. It was soft, yellowish with some focal hemorrhages, was located in the white matter and did no invade the cortex. The borders were ill defined. The brain substance was dry and a surface made by cutting was somewhat glistening, but not moist.

Microscopical examination of the tumor revealed a cellular astroblastoma. It had large foci of necrosis and hemorrhages.

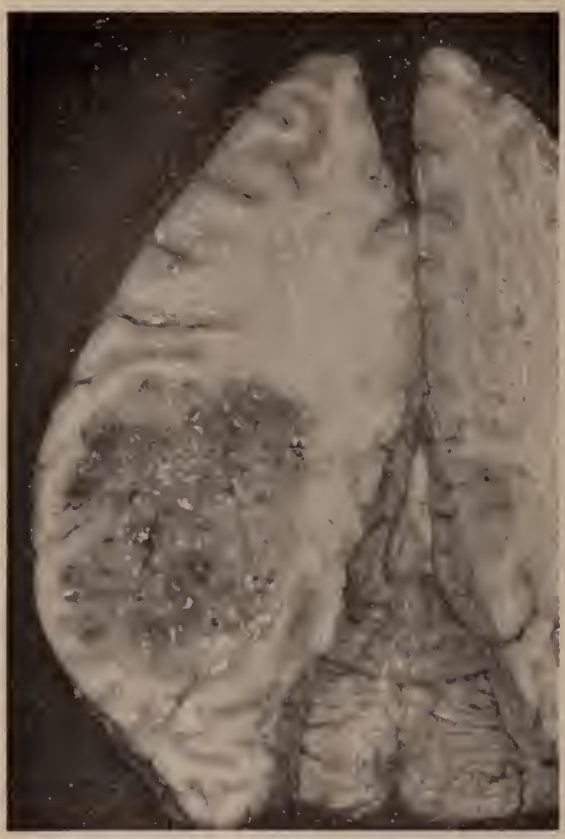


Figure 7. Photograph illustrating the glioma of the cerebrum.

COMMENT

The case, although not exceptional, illustrates the peculiar clinical course which a brain tumor may have. It is evident that the large glioma which was found at the autopsy, must have developed for months. However, the patient apparently had not been seriously ill until three weeks before death and had been able to travel by herself from North Carolina to Chicago.

The mechanism of the sudden death in such cases is not too well understood. The statement that the patient has died from a brain tumor covers the situation incompletely. The actual cause of the sudden death is not the tumor itself, but the swelling of the brain which must have developed rather suddenly. This "swelling" ("Hirnschwellung" of the German authors who first drew attention to it) is in my opinion not identical with edema of the brain. A "swollen" brain is dry and a surface made by cutting does not discharge any fluid; it is glistening and suggests the appearance of a gel with a high content of gelatin. An edematous brain is moist and a surface made by cutting discharges some fluid. It is likely that in the "swollen" brain the colloidal status of the nervous tissue has changed. The dynamics of such change which apparently may occur suddenly, are not known. However, it is the immediate cause of some acute brain deaths.

PARALYTIC ILEUS

The majority of cases of true paralytic ileus terminate in peritonitis and are usually classified and recorded as peritonitis. It is consequently impossible to obtain correct and complete case histories of true paralytic ileus. The predisposing factors. abdominal operation, peritonitis, ruptured viscus, torsion of any ovarian cyst: pneumonia, renal trauma, distended bladder are evidence that the real cause of ileus is not a local one. The mechanism is not clear. Extrinsic nerves play an important role in the motor inhibition. The vagus is the motor nerve to the greater part of the intestine and the influences of the sympathetic are inhibitory to the bowel and motor sphincter. By shunting out the sympathetics, one can relieve paralytic ileus, and the intestine again contracts. The gut had not been paralyzed, literally speaking, but its activity was inhibited by the over-active sympathetic influence.

Excerpt, Paralytic Ileus, Gregory E. Stanbro, M.D., F.A.C.S., Oklahoma City, The Southern Surgeon, August, 1949.

NEWS OF THE STATE



BUREAU

Free Urinalysis.—The Bureau County Medical Society, at a recent meeting, voted to give any person wishing it a free urinalysis in its effort to cooperate in National Diabetic Detection Week, October 10-16.

COOK

Society News.—Dr. Philip Thorek addressed the Stephenson County Medical Society in Freeport, September 15, on "Vagotomy for Chronic, Nonspecific, Ulcerative Colitis." On September 27, Dr. Thorek discussed "Achalasia of the Esophagus" before the Rock County Medical Society in Beloit, Wisconsin. Both presentations were illustrated with colored motion pictures.—"Association of Bronchial Infection with Pulmonary Emphysema" was the title of a talk by Dr. Edwin R. Levine before the annual meeting of the Rocky Mountain Chapter of the American College of Chest Physicians, September 20, in Denver, Colorado. Dr. Levine also participated in a symposium at this meeting on Fungus Diseases of the Chest.

Faculty Appointments.—The following appointments to the faculty of the Chicago Medical School were announced recently by Dr. John J. Sheinin, dean: In the department of medicine: Drs. Erwin Kammerling, Sherman R. Kaplan, Solomon L. Pearlman, Sylvan D. Solarz, Milton Wohl, Melvin Salk and Jerome Hirschmann, assistants in medicine; Dr. Meyer Steinberg, associate in medicine; Drs. Joseph C. Meyer and Irving H. Zitman, instructors in medicine. In the department of psychiatry: Dr. Walter Adams, associate in psychiatry and Dr. Meyer Kruglik, instructor in psychiatry. In the department of neurology: Dr. Herman Joseph, associate professor of neurology. In the department of surgery: Dr. Milton A. Tinsley, associate professor of neurosurgery. In the department of anatomy: Dr. Harold Koenig, assistant professor of anatomy and Dr. Hans Elias, assistant professor of microscopic anatomy.

Edward Piszczek Named to New Post.—Dr. Edward A. Piszczek, director, Cook County Department of Public Health for the last nine years, has been appointed controler of the suburban Cook County tuberculosis sanitarium district, Dr. Jerome R. Head, president of the district's board of directors, announced recently. Dr. Piszczek, who is forty-one and who was instrumental in organizing the county's health department in 1940, took over his new post with the suburban tuberculosis district, November 1.

University News.—Glen W. Shols of Peoria has been awarded a Rachelle S. Yarros Scholarship for 1949-1950 by the University of Illinois College of Medicine, Dean John B. Youmans has announced.

Dr. Youmans reported that Shols has an average of 92 percent for this first year of medical studies, ranking at the top of his class of 166 students. Shols now is a second year student.

"Human Nutritional Requirements in the Light of Experience in the United Kingdom, 1939-1949" was discussed by Sir Jack Drummond, noted nutritional chemist and former member, Ministry of Foods, during an assembly hour at the University of Illinois College of Medicine, October 5. At a similar meeting, October 12, Dr. Van R. Potter, professor of oncology, University of Wisconsin, discussed "Enzyme Studies on the Cancer Problem."

Harry Hoffman Heads Mental Hygiene Unit.—Dr. Harry R. Hoffman, formerly state alienist, has been appointed director of the city health department mental hygiene section. Dr. Hoffman is clinical associate professor of psychiatry at the University of Illinois, consultant on nervous and mental diseases at the House of Correction Hospital and senior consulting neurologist at the Norwegian American and Norwegian Deaconess Hospitals.

Dr. Oppenheim Honored.—Dr. Maurice Oppenheim, chairman of the department of syphilology and dermatology, The Chicago Medical School, was honored recently by the University of Vienna on the occasion of his fiftieth graduation anniversary. In a cablegram, the rector of the University extended congratulations on behalf of the institution and announced the resolution of the senate to renew his doctor's diploma. The "gold diploma" followed. Dr. Oppenheim was also invited to address a meeting of the German Dermatological Society held in Heidelberg in October. Dr. Oppenheim was head of the department of skin and venereal diseases at the Wilehlmeinen Hospital in Vienna for a number of years.

Grant For Research.—The Hektoen Institute for Medical Research of Cook County Hospital has allocated $5,000 of its funds for the creation of a Dr. Ernst Loeffler Memorial Foundation to support research in honor of the recently deceased research associate of the Institute.

Personal.—Dr. Paul Hletko, chief medical officer, Illinois Department of Public Welfare, became executive officer in charge of the Illinois Neuropsychiatric Institute, September 1. He will continue in his other activities.—Dr. Louis B. Newman, chief of the physical medicine and rehabilitation service, Veterans Administration Hospital, Hines, addressed the American College of Hospital Administrators, September 15 during their 17th Chicago Institute which was held at the International House, University of Chicago campus. Dr. Newman gave an illustrated lecture on "Physical Medicine and Rehabilitation in the General Hospital."—Dr. Raymond W. McNealy, chief surgeon of Wesley Memorial Hospital, addressed the Chicago Methodist Preachers Association at the Chicago Methodist Temple, October 10 on "Present Day Europe as Seen Through the Eyes of a Surgeon."—Dr. Ralph Rudder was elected president of the Chicago Medical School Alumni Association at its recent annual meeting. Other newly elected officers include Dr. Sidney Bazzell, vice president; Dr. Henry DuVries, secretary and Dr. Irwin Blumenfeld, treasurer. The association has a membership of 1500.

Dr. Ivy Heads New Committee.—Dr. Andrew C. Ivy, vice president in charge of the professional colleges of the University of Illinois, was appointed chairman of a committee of twenty-two department representatives, medical experts and other scientists organized to protect Chicago against the threat of biological warfare, according to the Chicago Tribune, October 7. The group is the first of its kind ever convened by any city in the world and was called together by Dr. Herman N. Bundesen, president, in headquarters of the health department at 54 West Hubbard Street.

New Lectureships Honor Physicians.—Twin lectureships in honor of Dr. Isaac Abt and Dr. Julius Hess were established by the Phi Delta Epsilon Medical Fraternity at Northwestern University Medical School and at the University of Illinois College of Medicine.

Dr. Sidney Farber, Boston, gave both the Abt Lecture and the Hess Lecture, speaking in the Archibald Church Library of Northwestern University, October 18, on "Cancer in Children: An Experimental Approach to Therapy" and at the University of Illinois, October 19, on "Cancer in Children: Life History and Biological Behavior." On the evening of October 18 a dinner was held in honor of Drs. Abt, Hess and Farber.

Research Seminar.—The Chicago Medical School conducted a research seminar September 21 with presentations by the following: S. Zalman, J. Handel, and J. A. Smith, "Studies on the Toxicity of Ergot Alkaloids"; P. H. Kopper, "An Antimalarial Substance from Cultures of a Creatinine Decomposing Strain of Pseudomonas"; S. J. Turner, "The Effect of Penicillin Vaginal Suppositories on Morbidity in Vaginal Hysterectomy and on the Vaginal Flora"; D. A. Wills, "Simplified Method for Localizing Radio-opaque Foreign Bodies in the Hand"; I. Davidsohn and C. Kashiwagi on "Recent Studies on Heterophilic Antibodies in Infectious Mononucleosis."

Mercy Hospital Reunion.—On October 22 a reunion of the internes and residents of Mercy Hospital was held at the John B. Murphy Memorial Amphitheatre at Mercy Hospital with Dr. Herbert E. Schmitz presiding as program chairman and Dr. John F. McNamara as moderator. Dr. Arkell M. Vaughn gave the presidential greetings. The Chicago speakers were Arthur W. Fleming, "Cerebral Palsy"; Robert F. Cummings, "The Differential Diagnosis of Actue Abdomen in Infants and Children"; Carlo Scuderi, "Bone Tumors"; John L. Keeley, "Eventration of the Diaphragm"; James X. Bremner, "Rupture of the Uterus" and Gilbert J. Thomas, Beverly Hills, California, "Carcinoma of the Urinary Bladder."

New Assistant Dean of Northwestern.—Appointment of Dr. Theodore R. Van Dellen, assistant professor of medicine, as Assistant Dean of the Medical School at Northwestern University was announced October 13 by President J. Roscoe Miller. Dr. Van Dellen succeeds Dr. George H. Gardner who resigned August 31.

Thirty-eight years of age and a graduate of Northwestern Medical School, Dr. Van Dellen is director of the Florsheim Heart clinic at the University.

The new Assistant Dean received his bachelor's and master's degrees from Northwestern and a medical degree in 1936. He served his internship at Wesley Memorial hospital in 1935 and residency at the New York Postgraduate Medical School and Hospital in 1936.

Dr. Van Dellen became an assistant professor of medicine at Northwestern in 1947. He is also associate editor of the Illinois Medical Journal.

President Miller also announced the appointment of Dr. Guy P. Youmans, professor of bacteriology, to be chairman of the Bacteriology department at the Medical School. Dr. Youmans succeeds Dr. Alexander A. Day who retired on Aug. 31.

The new chairman came to Northwestern in 1937 from the University of Washington where he received bachelor's and master's degrees and a doctor of philosophy degree in 1935. He obtained a medical degree from Northwestern in 1942.

Dr. Youmans is a member of the research and therapy committee of the American Trudeau project on tuberculosis.

Thirty members of the Medical School faculty have been appointed to the Medical Council for 1949-50, President Miller disclosed. Among those included are the following:

Drs. Leslie B. Arey, Lewis J. Pollock, N. C. Gilbert, Chester J. Farmer, Karl Meyer, Carl A. Dragstedt, Edward A. Oliver, Don C. Sutton, Frederick Christopher, Laurence E. Hines, Barry Anson, Paul S. Rhoads, Lowell D. Snorf, George H. Gardner, and Horace Magoun.

Also Drs. Vincent J. O'Connor, Loyal Davis, Derrick Vail, Harold A. Davenport, Michael Mason, Walter Maddock, John S. Gray, William Wartman, Smith Freeman, Howard S. Ballenger, John I. Brewer, Arthur Colwell, Edward L. Jenkinson, Dr. Youmans, and Dr. Van Dellen.

Visiting Professor at Chicago University.— Carl F. von Weizsäcker, German scientist who was the first to propose a detailed system of nuclear reactions to account for the source of energy in the sun and stars, arrived in Chicago October 3 to become the Alexander White visiting professor at the University of Chicago.

Arnold J. Toynbee, Reinhold Niebuhr, and Arnold Schönberg are among the distinquished men who have lectured at the Midway university as Alexander White visiting professors. Von Weizsäcker, a professor of physics at the University of Göttingen and at the Max Planck Institute, was a student of Nobel-prize-winner. W. Heisenberg was a member of the German University Commission set up to make suggestions for reform of universities in the British zone. He is the author of the University of Chicago Press fall publication. *The History of Nature,* and a second publication, *The World View of Physics,* translated by Marjorie Grene, will be forthcoming Press Book.

Ninetieth Anniversary Observed.—Dr. Richard H. Young, newly appointed dean of Northwestern University's Medical School, says that if schools of medicine are to continue to turn out good doctors they must teach their students to treat patients as living human beings rather than cases. "Impersonal medicine," he said, "is not good medicine, no matter how scientific."

Dean Young spoke in the Archibald Church Library on the Chicago campus to students and faculty of the Medical School, which observed its 90th anniversary, September 27.

Unique Research Project at Chicago.—Operation Catch, the University of Chicago basic research project in tuberculosis-like diseases, will extend its base this fall to include eleven southern Illinois colleges and high schools, Dr. William B. Beadenkopf, director of the student health services, announced October 13. A unit in the nation-wide cooperative program of skin testing and x-raying of young adult populations, Operation Catch (**Calcification, tuberculin, coccidioidin,** and **histoplasmin**) is sponsored by the University of Chicago, the United States Public Health Service, and the Illinois Department of Public Health. Miniature x-rays and tuberculin and histoplasmin skin tests will be taken in 11 colleges and high schools in a study to determine the prevalence among students of tuberculosis-like diseases, especially histoplasmin.

A mobile x-ray unit, headed by Dr. Beadenkopf, Dr. Thomas Grayston, and Dr. Jeanne Ward of the University of Chicago Clinics, will be sent out from Chicago October 23 for a three-week program in southern Illinois. Emphasis in the survey will be placed on histoplasmin sensitivity. Colleges and schools in southern Illinois were chosen for the survey, for they are located in close proximity to the United States areas in which the highest rates of histoplasmosis and lung calcification occur.

On the southern Illinois trip, the University of Chicago staff of three doctors and two nurses will examine daily 500 students and faculty members who volunteer for the tests.

Itinerary of the mobile unit to the cooperating schools is as follows: October 24, McKendree College; 25, Carbondale Community high school and Southern Illinois University; 26, Greenville College; 28, Blackburn College; 31, Quincy College; November 1, Illinois College; 2, Decatur high school; 8, Carthage College; 11, Knox College; and 16, Eureka College.

DE KALB

Physician Honored.—Dr. John W. Ovitz, Sr., was guest of honor at a banquet given at the Kishwaukee Country Club, August 30, by the medical staff and friends of Sycamore Municipal Hospital, in recognition of his thirty years of service to Sycamore and the surrounding community. Dr. Paul W. Carney, president of the De Kalb County Medical Society, spoke on behalf of the society. Dr. Walter Stevenson, Quincy, President of the Illinois State Medical Society, was also present. Dr. Ovitz was presented with a check for $500 to be used to fur-

nish a room in the Sycamore Municpal Hospital to be known as the Dr. Ovitz Room. He was also presented with a plaque expressing his services to the community.

GREENE

Society News.—Dr. Minot P. Fryer, St. Louis, addressed the Greene County Medical Society, September 9, in White Hall, on "Cancer" and Dr. Harry T. Mantz, Alton, on "Socialized Medicine."

LAKE

Society News.—Dr. Harry M. Hedge, President-Elect, Illinois State Medical Society, addressed a public meeting, October 5, under the auspices of the Waukegan Chamber of Commerce. His subject was "Socialized Medicine."

MARION

Personal.—Dr. Harry DeWitt Nesmith, Salem, a veteran of World War II, is the new national surgeon general of the Amvets, according to the Centralia Sentinel, September 8.

MARSHALL

Public Reception for Physician.—A public reception was held October 9 in the Mid-County unit auditorium in Varna to honor Dr. J. P. Johnson on his seventieth birthday. He was presented with a community gift.

MC HENRY

Personal.—Dr. J. H. Goodlad, a physician in Harvard for the past three years, was recently appointed to the fellowship staff of Mayo Clinic, Rochester, Minn. Dr. John J. O'Toole, Watertown, Wis., has taken over Dr. Goodlad's practice in Harvard at 38½ North Ayer.

MORGAN

New Superintendent of State Hospital.—Dr. Louis Belinson, Dixon, has been appointed superintendent of the Jacksonville State Hospital, succeeding Dr. James L. Smith, resigned. Dr. Belinson has been superintendent of the Dixon State Hospital for the past year.

Society News.—The Morgan County Tuberculosis Association was addressed recently by Dr. Loren L. Collins, medical director and superintendent, Madion County Sanitarium and Pleasant View, Edwardsville, on "Tuberculosis."—Dr. Andrew B. Jones, consultant psychiatrist, St. Louis City Hospital and assistant professor clinical neurology, Washington University School of Medicine, addressed the society, October 13, on "Spells, Faints and Convulsions."

PEORIA

Society News.—Dr. Milton G. Bohrod, Rochester, New York, addressed the Peoria Medical Society, October 18, at the Jefferson Hotel on "Pathology of the Allergic Diseases."

PERRY

Personal.—Dr. J. S. Templeton, Pinckneyville, has retired as Republican committeeman in precinct three after holding the position for forty-one years. Dr. Templeton was first elected to a committee post in 1906 and with the exception of one two-year term has served continuously since that time. He has held the county chairmanship on several occasions and for a time was Republican state central committeeman from the 25th congressional district.

PIKE

Free Urine Tests.—The Pike-Calhoun County Medical Society recently voted to make free urinalysis for persons who request this service during National Diabetes Detection Week, October 10-16. At a meeting of the society, September 22, Dr. Hillard Shair, Quincy, spoke on "Conditions of the Skin."

ROCK ISLAND

Society News.—Dr. William Bean, head of the department of internal medicine, State University of Iowa College of Medicine, addressed the Rock Island County Medical Society recently at the East Moline State Hospital, on "Newer Concepts in Vitamin Therapy." Dr. Charles E. Mayos, former assistant superintendent at East Moline State Hospital, was given a life membership in the Rock Island County Medical Society at this meeting.

District Meeting.—The Iowa Illinois Central District Medical Association was addressed at Watch Tower Inn, Blackhawk Watch Tower, in Rock Island, September 28 by Dr. Danely Slaughter, on "Recent Advances in the Therapy in Cancer" and Dr. Walter L. Palmer, on "The Problem of Peptic Ulcer." Both speakers are of Chicago. The November 30 meeting will be addressed by Dr. Frank H. Bethell, Ann Arbor, Michigan, on "Advances in Hematology."

ST. CLAIR

Symposium on Obstetrics and Gynecology.—A symposium on obstetrics and gynecology sponsored by the St. Clair County Medical Society was held in East St. Louis, October 6. The afternoon program was held at St. Mary's Hospital and included the following Chicago speakers: Dr. Richard A. Lifvendahl, "Low Back Pain in Women"; Dr. Solomon J. Benensohn, "Ovarian Hormones in Obstetrics and Gynecology"; Dr. James P. FitzGibbons, "Infertility in the Female" and Dr. Rocco V. Lobraico, Jr., "Diagnosis and Treatment of Carcinoma of the Uterus." The guest speakers were introduced by Dr. W. C. Scrivner, East St. Louis. The afternoon program was followed by a round table discussion. The speaker at the evening dinner meeting was Dr. Herbert Gass, medical missionary from Baitalpurchandkuri, C. P. India, who presented a travelog. Dr. H. J. Nebel, president of the St. Clair Medical Society, presided at the dinner.

SANGAMON

Society News.—Dr. John S. Lundy, Rochester, Minnesota, discussed "The Present Status of Balanced Anesthesia and Supportive Therapy" before the Sangamon County Medical Society in Springfield, October 6.

STARK

Physician Honored.—Dr. Alma T. Wead, Wyoming, recently recieved the Fifty Year membership insignia indicating membership in the Fifty Year Club of the Illinois State Medical Society. Dr. Wead graduated at the Physician and Surgeon College, Keokuk, Iowa. She married a physician. Dr. James Wead and both practiced in West Jersey for about five years and then moved to Wyoming. Their oldest son, John T. Wead, is practicing in Wyoming and is associated with his mother.

WARREN

Dr. Hoyt Forms Partnership to Establish Clinc.—Dr. Lee T. Hoyt, Roseville, chosen in 1948 as the Outstanding General Practitioner in Illinois, has formed a partnership with Dr. Richard E. Icenogle to operate the Roseville Clinic, according to the Raritan Reporter, September 22. The physicians have taken the entire second floor of the State Bank Building in Roseville which gives them twelve rooms. Dr. Icenogle took his medical training at Eastern State Teachers College, Charleston, and graduated at the University of Illinois College of Medicine, Chicago, in 1946. He was a medical officer in the United States Army having been released from active duty on August 1.

WHITESIDE

Society Election.—Dr. Glenn Pohly, Sterling, was elected president of the Whiteside County Medical Society at a recent meeting, succeeding Dr. L. C. Johnson, Tampico, who has resigned.

WILLIAMSON

Society News.—Dr. W. I. Lewis, Herrin, addressed the Marion Business and Professional Woman's Club recently. His talk, based on his personal observations made during his recent visit to England, was titled "Socialized Medicine."

WINNEBAGO

Society News.—Dr. Nathan Womack, professor and head of the department of surgery, University of Iowa College of Medicine, Iowa City, addressed the Winnebago County Medical Society, October 11 at the Lafayette Hotel on "Benign Lesions of the Breast."

HEALTH DEPARTMENT ACTIVITIES

Cook County Report for 1948.—The Cook County Department of Public Health has recently made its complete report available for 1948. The illustrated booklet presents a statistical anaylsis of the communicable diseases that occured in suburban Cook County.

GENERAL

Welfare Department Statistics.—The book population of all institutions July 31, 1949, was 54,368. This includes not only those present but also all patients in out-patient convalescent care. The resident population July 31, 1949, was 47,189, which excludes pupils from the Schools for the Blind and Deaf who were on summer vacation.

The greatest increase over July of last year was in the nine hospitals for the mentally ill, in which the population rose 555. During the month there were 990 admissions, 757 discharges and 353 deaths. Three hundred eighty-four patients were placed on conditional discharge and 44 in family care. There were 38,529 patients on books July 31, 1949.

The institutions for the mentally defective (Dixon State Hospital and Lincoln State School and Colony) showed an increase of 97 over the previous year. The resident population was 9,287, with 10,622 on the books.

There were 357 in Security Hospital July 31, 1949. Of this number, 278 were mentally ill, and 79 were mentally deficient.

At Neurosychiatric Institute, where most admissions are temporary for special treatment, 58 patients were present at the end of the month. Of this number 47 were admitted during the month.

Clinics for Trachoma Control and Prevention of Blindness in Southern Illinois treated 416 for trachomia, 60 for glaucoma, and 361 for other eye ailments. Nine patients were hospitalized for operations.

The Illinois Eye and Ear Infirmary received 7,920 patients in the clinic, and listed 18,452 treatments during July. Three hundred ninety-two were admitted to the hospital.

The Chicago Community Clinic reported 614 interviews during the month. Of this number, 598 were former patients in state hospitals—285 at Elgin, 201 at Manteno, 65 at Kankakee, 46 at Chicago and 1 at Dixon.

The Boy's Training School, Girl's Training School, and Women's Reformatory reported 904 juvenile delinquents, felons and misdemeanants present July 31, 1949. Fifty-eight were received from courts and 48 were discharged.

The pupils of the Schools for the Blind and the Deaf were on summer vacation. There were 56 children present at the Children's Hospital-School, with 92 on the books. At Soldier's and Sailor's Children's School 309 were present.

The Industrial Home for the Blind, Soldier's and Sailor's Home, and Soldier's Widows' Home reported 1,366 present July 31, 1949—an increase of 20 over one year ago.

The Veteran's Rehabilitation Center in Chicago, and Veteran clinics at Champaign and Rockford received 67 new cases during the month. The clinic at Aurora was closed July 1, thus no figures were available. There were 958 visits to the clinic in Chicago, 157 at Champaign, and 21 in Rockford. Since the opening of the Center, 5,514 veterans have received treatment at Chicago, 193 at Champaign, and 31 at Rockford.

The Division of Veteran's Service reported 2,995 veterans present in all Welfare institutions July 31, 1949. Of this number, 1,728 were World War I veterans and 711 were World War II veterans.

The Institute for Juvenile Research interviewed 130 new cases during the month. A total of 415 children and 451 adults were examined and received treatment.

The Division of Field Services reported 78 new parolees, 19 violators returned, and 38 discharged while on parole.

In addition, 1,238 patients were interviewed in outpatient psychiatric clinics, and there were 2,128 visits to the clinics during the month of July.

Besides the 47,189 persons housed in institutions July 31, 1949, 20,316 received treatment in the Department of Public Welfare clinics.

Dr. Slobe Named Assistant Director of Blue Cross Plan.—Dr. Frederick W. Slobe, Chicago, has been elected assistant director of the Illinois Blue Cross Plan for Hospital Care, it was announced recently. He will also serve as administrative director of the Medical department. Dr. Frank P. Hammond, who has served as medical director of the Blue Cross Plan for Hospital Care since 1939, will continue as medical adviser and consultant and will devote his attention to the increasing demands of the Blue Shield Plan for Medical Service.

DEATHS

Henry Sumner Bennett, Moline, who graduated at the University of Illinois College of Medicine in 1901, died September 25, aged 73; had practiced medicine in Moline nearly fifty years; was at one time member of the Moline board of education.

Frederick Egbert Bigelow, Chicago, who was graduated at Rush Medical College in 1897, died in the Illinois Central Hospital, July 5, aged 79.

Joseph Michael Blake, Moline, formerly of Chicago, who graduated at Rush Medical College in 1903, died October 1, aged 74. He was a resident physician at the Congress Hotel, Chicago, for 25 years.

Hada M. Carlson, Moline, who graduated at Keokuk Medical College, Keokuk, Iowa, in 1898, died September 10, aged 72. She was supreme physician of the Royal Neighbors of America for many years.

Lazarus N. Cohler, Chicago, who graduated at the University of Illinois College of Medicine in 1915, died July 27, aged 56.

Robey A. Crum, Mt. Vernon, who graduated at Chicago Medical School in 1933, died September 2, aged 48, of a heart attack. He served as Jefferson County physician for eight years and was past-president of the Jefferson-Hamilton County Medical Society.

Frederick Daird Culbertson, Rushville, who graduated at The Hahnemann Medical College and Hospital of Chicago in 1906, died September 7, aged 67 of a heart attack. He was founder and owner of the Culbertson Hospital in Rushville.

Ferdinand Edward Dostal, Chicago, who graduated at the College of Physicians and Surgeons of Chicago, School of Medicine of the University of Illinois, in 1905, died August 8, aged 67.

Clyde Earl Duncan, retired, Herrin, who graduated at Barnes Medical College, St. Louis, Mo., in 1911, died September 17, aged 60.

Jean du Plessis, retired, Chicago, who graduated at Loyola University School of Medicine in 1918, died September 8, aged 57.

Alfred Fred Eckert, Hecker, who graduated at St. Louis University School of Medicine in 1910, died September 20, aged 69.

James Louis Fleming, Chicago, who graduated at Rush Medical College in 1903, died October 5, aged 77. He was assistant professor of obstetrics at Loyola University School of Medicine and chief of the obstetrical department at St. Anne's Hospital.

Franklin Ernest Hall, Chicago, who graduated at Karl-Franzens-Universität Medizinische Fakultät, Graz, Germany, in 1919, died October 4, 1949, aged 54.

Sterling Perry Hart, Auburn, who graduated at Rush Medical College in 1900, died suddenly in his home, October 2, aged 73. He had practiced medicine in Auburn nearly 50 years.

William Shields Jones, Redmon, who graduated at Kentucky School of Medicine, Louisville, in 1893, died October 11, aged 86. He had practiced medicine over 50 years and was a minister of the Baptist church for 65 years.

Ernst Loeffler, Evanston, who graduated at Medizinische Fakultät der Universitat, Wein, Germany, died September 24, aged 56.

William August Lottman, Olive Branch, who graduated at St. Louis College of Physicians and Surgeons in 1902, died September 2, aged 78.

Norman Edward Marion, Big Rock, who graduated at the University of Illinois College of Medicine in 1908, died in his summer home at Sturgeon Bay, Wisconsin, October 4, aged 64, of a heart attack.

John Alexander Ross, Wauconda, who graduated at Bennett College of Eclectic Medicine and Surgery in 1909, died October 4, aged 73.

William Christopher Schiele, Galena, who graduated at the University of Illinois College of Medicine in 1912, died September 1, aged 62. He was president of the Galena Board of Education for 15 years, and on the staff of Mercy and Finley Hospitals in Dubuque, Iowa.

George Albert Sollis, Herrick, who graduated at Barnes Medical College, St. Louis, Mo., in 1908, died recently, aged 68.

Perry Houston Stoops, retired, Ipava, who graduated at Rush Medical College in 1886, died September 14, aged 86. He was a past president of Fulton County Medical Society.

Albert Franklin Turner, Taylorville, who graduated at Barnes Medical College, St. Louis, Mo., in 1905, died September 28, aged 77, after a lingering illness.

Howard Eliphalet Wharff, Edwardsville, who graduated at St. Louis University School of Medicine in 1906, died suddenly in his office, September 14, aged 71.

George Augustus Yaeger, Chicago, who graduated at Rush Medical College in 1885, died June 22, aged 82, of bronchopneumonia.

John Glenn Young, Pontiac, who graduated at Barnes Medical College, St. Louis, Mo., in 1906, died September 5, aged 70. He was a member of the Pontiac Board of Health, and chief surgeon at the Pontiac prison.

"For The Common Good"

Health Talk Televised on WGN-TV.—During October, the weekly telecast, entitled Health Talk, presented by the Educational Committee of the Illinois State Medical Society, included the following: October 5.

Robert S. Berghoff and Theodore R. Van Dellen, What Is Heart Disease. The telecast covered an explanation of the various types of heart disease, with a heart model and blackboard sketches being used to classify the action of the heart under normal and abnormal conditions; an electrocardiographic tracing was taken of a patient with a normal heart, and other tracings were shown to demonstrate the purpose of this procedure. The equipment used on the telecast was made available through the courtesy of the Cambridge Instrument Company.

Coye C. Mason, Dr. Van Dellen, James Lee, and Miss Dorothy Pinkham, technician, What is Pathology? October 12.

This telecast was a simulated hospital office and laboratory of the pathologist; it showed the routine work of the pathologist, and included the step by step procedure of the immediate tissue examination of a suspicious lesion of the breast. The telecast emphasized the need of careful records kept by the pathologist as well as the benefits derived by the performance of an autopsy.

Paul Campbell and Dr. Van Dellen, Dizziness, October 19.

With models, charts and other visual material, this telecast explained many of the reasons for dizziness; the necessity for establishing an accurate diagnosis through the teamwork of the general practitioner, the otolaryngologist, the internist, the neurologist and frequently other specialists.

Lectures Arranged Through the Educational Committee of the Illinois State Medical Society:

Arthur Rosenblum, Chicago, Forest Ridge Woman's Club in Oak Forest, October 19, Trying to Understand the Adolescent.

Ralph Hamill, Chicago, Brookfield Woman's Club, October 19, on Growing Old Gracefully.

Robert Mustell, Chicago, Summer School PTA in Chicago, October 19, on Cancer.

W. W. Bolton, Chicago, Mark Sheridan PTA, October 20, on Health of the School Child.

Stanley C. Stanmar, La Salle, Sandwich Woman's Club in Sandwich, November 7, on Growing Old Gracefully.

George A. Wiltrakis, Mental Hygiene Division, Illinois Federation of Woman's Clubs in Chicago, November 14, Activities, Needs and Resources of a State Hospital.

Joseph T. O'Neill, Ottawa PTA, November 28, on vember 17, on Child Health.

Theodore R. Van Dellen, Woman's Auxiliary, West Side Branch of the Chicago Medical Society, November 18, Television Medicine.

William Raycraft, Oak Park, Rivert Grove PTA in River Grove, November 21, As the Twig is Bent.

Joseph T. O'Neill, Ottawa PTA, November 28, on Communicable Diseases.

Edwin R. Levine, Chicago, Toman Library Forum in Chicago, December 9, on "Man's Great Enemy—Tuberculosis."

Edward A. Piszczek, Chicago, AF Ames PTA in Riverside, December 13, on Advances in Medicine.

Lectures Arranged Through the Scientific Service Committee of the Illinois State Medical Society:

Paul Hletko, Chicago, Kankakee County Medical Society, in Kankakee, October 11, on What the Physician Should Know About Mental Disease.

Eugene A. Hamilton, Chicago, Rock Island County Medical Society in Rock Island, October 11, on Care of Fractures by the General Practitioner.

Harold M. Camp, Monmouth, Kane County Medical Society in Aurora, October 12, on The Fight Is Not Over.

John A. Mart, Chicago, and David B. Freeman, Moline, Warren County Medical Society in Monmouth, October 13, on Newer Concepts in Diagnosis and Treatment of Coronary Disease and The English G.P. Under Nationalized Medicine, respectively.

C. Edward Stepan, Chicago, McHenry County Medical Society in Crystal Lake, October 20, Rheumatic Fever: Its Possible Etiology and Therapy.

Jules Masserman, Chicago Oral Surgery Society, November 4, on Emotional Problems in Oral Surgery.

Clayton G. Loosli, Chicago, Kankakee County Medical Society in Kankakee, November 8, on Problem of Treatment and Control of Respiratory Infections, illustrated.

George H. Woodruff, Joliet, Fulton County Medical Society in Canton, November 10, Recent Trends in Otolaryngology.

Louis R. Limarzi, Chicago, Six County Medical Society in Herrin, November 17, on Anemias, Blood Dyscrasias.

Charles J. Smith, Chicago, McHenry County Medical Society in Crystal Lake, November 17, on Rh Factor in Obstetrics.

Ralph A. Reis, Chicago, La Salle County Medical Society in La Salle, December 8, on Toxemias in Pregnancy.

D. W. McKinney, Ottawa, Iroquois County Medical Society in Watseka, December 20, on Pre and Postoperative Therapy.

Edward L. Compere, Chicago, Macon County Medical Society in Decatur, December 20, on Treatment of Fractures of the Hip, illustrated.

Graduate Conference for Mattoon.—A postgraduate conference was arranged for the Eighth Councilor District of the Illinois State Medical Society at the Masonic Temple, Mattoon, October 20 with Dr. Joseph J. Link, Mattoon, presiding. The session opened with a luncheon, after which the following spoke:

Samuel M. Feinberg, Chicago, Management of Asthma in General Practice.

James H. Hutton, Chicago, Hypertension.

E. Lee Dorsett, St. Louis, Eclampsia.

John T. Reynolds, Chicago, Abdominal Surgery.

A roundtable discussion concluded the afternoon program. In the evening, following a social hour and dinner, Eric Oldberg, Chicago, presented an illustrated address in Cerebral Angiography.

This conference was one in the twelve authorized by the Council of the Illinois State Medical Society for the 1949-1950 season. The choice of program is always left to a local committee, but the conferences are arranged through the Postgraduate Education Committee of the State Medical Society, of which Robert S. Berghoff and George Hellmuth, both of Chicago, are chairman and vice chairman, respectively.

FIND STREPTOMYCIN EFFECTIVE AGAINST BACILLARY DYSENTERY

Treatment of shigellosis, a major form of bacillary dysentry, with streptomycin produces prompt relief from the disease, according to a study made by five Washington, D. C., physicians under a grant from the U. S. Public Health Service.

Writing in the Sept. 17 Journal of the American Medical Association, Drs. Sidney Ross, Frederic G. Burke, E. Clarence Rice, Harold Bischoff, and John A. Washington say that lowering of temperature and reduction in diarrhea usually occurred in acutely ill patients in 12 to 24 hours after oral streptomycin therapy was begun.

All 34 patients treated with streptomycin were children, ranging in age from three months to 12 years. All had an uneventful recovery from the disease except five patients who had either a relapse or a reinfection within one month after discharge from the hospital, the doctors say, adding:

"It would require a larger series than ours to state that streptomycin is superior to sulfadiazine (in treating this kind of bacillary dysentry). However, oral administration of streptomycin could be used advantageously in patients with a sulfoamide-resistant strain of organisms as well as in those cases in which there exists a sensitivity to sulfonamide compounds.

"One may take cognizance of the relatively higher incidence of shigellosis in military personnel, especially in the tropical areas, coupled with the frequent hazard of administering a sudfonamide drug to dehydrated patients. In these conditions, orally administered streptomycin may be found to be of considerable use as a substitute drug."

NEW TYPE OF INSULIN AIDS DIABETICS

A long-acting insulin which reduces the number of injections needed by diabetics had been developed, according to an article in the Oct. 1 Journal of the American Medical Association.

Duration of blood sugar lowering action of the new modified protamine insulin (NPH-50) is 28 to 30 hours, while that of other kinds of insulin is six, eight, 15 and 72 hours, says Dr. Priscilla White of Boston.

In 95 per cent of the 336 persons with severe diabetes to whom the new insulin was administered, results were as successful as, if not more so, than those from separate injections of crystalline and protamine zinc insulin, Dr. White reports.

In 5 per cent of the group, a single injection of the new insulin was less successful in controlling diabetes than were separate injections of these two insulins. These failures included insulin-sensitive adults, diabetic children under five years of age, and patients whose requirements for long-acting insulin were small compared with their requirements for quick-acting insulin.

Regulation of diet and exercise is a necessary adjunct to treatment with the new insulin, Dr. White points out.



The liquid oral penicillin that tastes good!

ESKACILLIN tastes so good that even young children actually like to take it.

But palatability is not ESKACILLIN'S only advantage. Unlike most extemporaneous "fruit syrup" mixtures, ESKACILLIN maintains its potency for 7 full days under refrigeration.

Each teaspoonful of ESKACILLIN contains 50,000 units of crystalline penicillin G—and produces a blood level equivalent to that obtained with a 50,000 unit penicillin tablet. ESKACILLIN is supplied in 2 fl. oz. bottles —containing 600,000 units of penicillin.

Eskacillin *the unusually palatable liquid penicillin for oral use*

Smith, Kline & French Laboratories, Philadelphia

IT'S THE NEW IMPROVED BIOLAC!

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

"Baby Talk for a Good Square Meal"



The introduction of the New Improved Biolac has met with wide professional interest. Made available as a product of the latest and the most modern refinements in manufacturing facilities, this prescription favorite is *now better than ever.*

NUTRITIONALLY RELIABLE: More than ever complete in known nutrients (when vitamin C is added), the New Improved Bialac meets every known nutritianal requirement af the infant.

All essential fatty acids — with the valatile fractian held to o minimum — are pravided by maderate amaunts of especially combined fats.

Vegetable and milk sugars — far mare satisfactary absarptian — are supplied by Bialac's carbahydrate cantent. Further carbohydrate supplementation is unnecessary.

In pratein cantent, the New Impraved Bialac is significantly higher than that af human milk, yielding small, easily digested curds, less allergenic than thase af untreated cow's milk.

Prophylactically high levels af such impartant mineral factars as iran, calcium and phaspharus are incarporated in the New Impraved Bialac, tagether with vitamins A, B_1, B_2 and D. Infant caloric requirements, tao, are fully met by Bialac's 20 calaries per fluid aunce in standard dilution.

PHYSICALLY IMPROVED: A higher and mare stable degree af emulsificatian af the New Impraved Bialac — thereby facilitating digestian — has been braught abaut by the utilization af every refinement, and the mast madern equipment, known to modern infant faad manufacturing.

Preparatian far feeding is easily calculated; quickly campleted — 1 fl. az. New Impraved Bialac to 1½ fl. az. water per paund af bady weight.

NOW, BETTER THAN EVER! The New Improved Bialac can be used interchangeably with the former Bialac which has the same percentage campasitian of nutritional factars . . . When yau prescribe the New Impraved Bialac (it casts na mare) yau may da sa with complete canfidence. Available anly in drugstares, in cans af 13 fl. az.

THE BORDEN COMPANY
PRESCRIPTION PRODUCTS DIVISION
350 MADISON AVENUE • NEW YORK 17, N. Y.

Write for professional literature

THE NEW IMPROVED BIOLAC



supplies:

Ferrous Sulfate	3⅗ grs.
Liver Concentrate	7 grs.
supplemented to present approximately:	
Folic Acid	2 mg.
*Thiamine Hydrochloride	2 mg.
*Riboflavin	2 mg.
*Nicotinamide	10 mg.

**adjusted to a higher potency than that present in Upjohn Ferrated Liver Concentrate*

UPJOHN FERRATED LIVER CONCENTRATE WITH FOLIC ACID

TABLETS *available in bottles of 100 and 1000.*

Upjohn
KALAMAZOO 99, MICHIGAN

FINE PHARMACEUTICALS SINCE 1886

PHYSICAL MEDICINE ABSTRACTS

JOHN S. COULTER, DEPARTMENT EDITOR



A SIMPLIFIED METHOD FOR THE DETERMINATION OF CIRCULATING RED-CELL VOLUME WITH RADIOACTIVE PHOSPHORUS

E.B. Reeve and N. Veall. In THE JOURNAL OF PHYSIOLOGY, 108:1:12, March 1, 1949.

Hevesy and his colleagues developed a method for labelling red blood cells in vitro with the radioactive phosphorus isotope P32, and they applied this method to the estimation of the total volume of the circulating red cells.

It seemed that this method might be considerably simplified if it were possible (a) to inject radioactive red cells without radioactive plasma and (b) to avoid the wet-ashing of packed red cells and the precipitation of phosphorus.

Experiments have therefore been carried out to establish and to test a method in which the radioactive red cells were washed free from radioactive plasma before they were injected, and in which the radioactivity measurements were carried out on liquid blood samples by means of a specially designed counter.

(1) The total red-cell volume in man is measured from the dilution of injected washed red cells, labelled in vitro with P_{32}. The red cells are prepared by incubating whole blood with P_{32}, and afterwards washed almost free of their radioactive plasma.

(2) Following injections of suspensions of such washer red cells, P_{32} is lost very slowly from the circulation.

(3) The results given by the method agree with results given by other reliable methods. The method also has been checked in vitro.

(4) A specially designed Geiger-Muller counter taking liquid samples much simplifies the necessary manipulations of standards and samples.

(5) Apart from knowledge of radioactive technic, the method requires no great technical skill in its use.

BACKACHE AND THE ORTHOPEDIC SURGEON

A. M. Rechtman, M.D., Philadelphia. In INDUSTRIAL MEDICINE, 18:5:203, May 1949.

Backache is a symptom, not a disease nor a diagnosis. It is so common that few people reach adult life without having had back annoyance at some time. The causes are legion; certain characteristic complaints, however, may give a clue to the possible etiological factor. Various phases of backache, as seen in the practice of the orthopedic surgeon, are discussed.

Backache, regardless of the cause, frequently becomes evident when the strain, often muscular and ligamentous, is disproportionately greater

(*Continued on page* 50)



TEOTINE: *triple attack*

on Chronic Angina and Arterial Hypertension

FOR EXTENDED MEDICATION

Teotine gives the combined relief of: *mannitol hexanitrate*, vasodilator, causing 4- to 6-hour fall in blood pressure, and often relief from the pain of angina pectoris; *theobromine*, a complement to mannitol, affording prolonged vasodilation and diuretic action, with freedom from side effects and a tendency to decrease anginal attacks; *phenobarbital*, to ease typical tension states of hypertensive patients, and enhance effect of the other two drugs.

For continuous medication in chronic angina and arterial hypertension, clinical experience endorses Teotine.

TEOTINE
Each Teotine Tablet contains
Mannitol Hexanitrate ¼ gr
Theobromine 2 gr
Phenobarbital ½ gr
Warning May be habit forming)
Supplied in bottles of 100

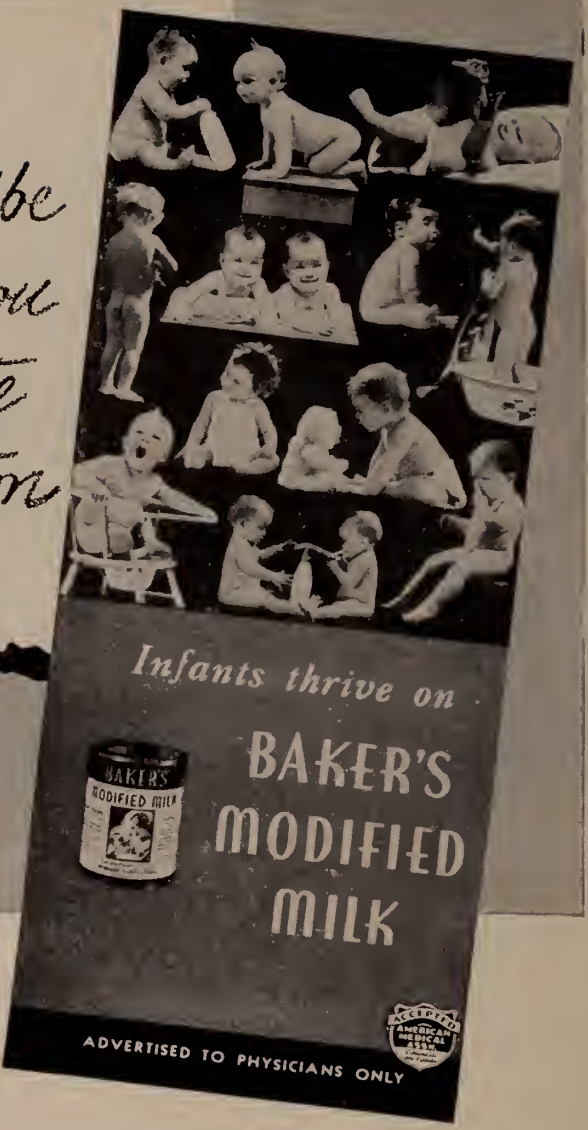
-Dorsey · *Effectual* · *Well Tolerated*

THE SMITH-DORSEY CO. • LINCOLN, NEBRASKA • BRANCHES at LOS ANGELES and DALLAS

MANUFACTURERS OF AL-SI-CAL POWDER • DORSEY CAL-VATINE TABLET • DORSEY

Dear Doctor,

If you prescribe infant feeding you will appreciate this information →



Ask your secretary to write for a copy of this informative folder which fully describes Baker's Modified Milk--Powder and Liquid—with complete feeding directions.

BAKER'S HAS 7 DIETARY ESSENTIALS:

1. High protein content—ample amino acid supply for growth.
2. An adjusted fat—butterfat replaced.
3. Two added sugars—lactose and dextrose.
4. Full requirements of Vitamins A and B_1.
5. Not less than 800 units of Vitamin D per quart.
6. Added iron.
7. Zero curd tension.



POWDER OR
LIQUID

BAKER'S MODIFIED MILK

THE BAKER LABORATORIES INC., Cleveland, Ohio

Division Offices: San Francisco, Los Angeles, Denver, Seattle and Greensboro, N. C.

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

MORE AND MORE...



DOCTORS ACCLAIM

Koromex Jelly ond Koromex Creom ore two companion preparations for pregnancy control, ossuring the potient of alternotes for individuol personal preference. Time-tested Koromex Jelly and Koromex Cream... have the same octive ingredients and same pH (4.5) consistent with vaginal fluids... afford necessary dependable barrier film... instantly spermicidal on contact ...will not interfere with normal vaginal biology.

After consideration of these feotures which make Koromex Jelly and Koromex Cream outstanding controceptives, the opproval given to these sterling products is indicotive os to why more ond more physicians ore resorting to Koromex.

ACTIVE INGREDIENTS: BORIC ACID 2.0%, OXYQUINOLIN BENZOATE 0.02% AND PHENYLMERCURIC ACETATE 0.02%, IN SUITABLE JELLY OR CREAM BASES.

FOR MORE COMPREHENSIVE DATA PLEASE SEND FOR AVAILABLE PROFESSIONAL LITERATURE.





KOROMEX

TRADE MARK REGISTERED

"CHOICE OF PHYSICIANS"



HOLLAND-RANTOS COMPANY, INC., 145 HUDSON STREET, NEW YORK 13, N. Y.

MERLE L. YOUNGS • PRESIDENT

Good Nutrition..



A VITAL FACTOR IN THERAPY

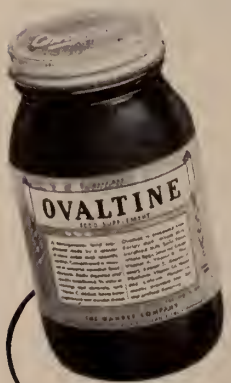
The sound and wholesome nutritious diet is an integral part of modern day preventive and definitive therapy. A steady stream of adequate amounts of all the essential nutritional elements is vital for good growth, maintenance of tissue structure and functioning, healing after trauma, and resistance to infection. For maintaining this daily, steady stream of nutrients, however, conditions both in health and illness often make imperative the use of an efficient food supplement along with the diet.

The *multiple dietary food supplement* Ovaltine in milk has wide usefulness for enhancing to full adequacy even nutritionally poor diets. Its rich store of vitamins and minerals includes vitamins A and D, ascorbic acid, thiamine, riboflavin and niacin, and calcium, iron and phosphorus. Its nutritionally complete protein has excellent biologic rating.

Since these vital nutritional values along with carbohydrate and easily emulsifiable milk fat are incorporated in liquid suspension or solution, Ovaltine in milk is also especially adapted to liquid diets. The highly satisfying flavor makes for its ready acceptability when foods are often distasteful.

The important overall nutrient contribution of three glassfuls of Ovaltine mixed with milk is presented in the accompanying table.

THE WANDER COMPANY, 360 N. MICHIGAN AVE., CHICAGO 1, ILL.



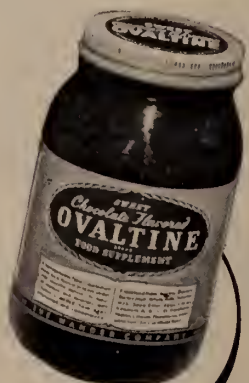
Ovaltine

Three servings of Ovaltine, each made of ½ oz. of Ovaltine and 8 oz. of whole milk,* provide:

CALORIES	676	VITAMIN A	3000 I.U.
PROTEIN	32 Gm.	VITAMIN B_1	1.16 mg.
FAT	32 Gm.	RIBOFLAVIN	2.0 mg.
CARBOHYDRATE	65 Gm.	NIACIN	6.8 mg.
CALCIUM	1.12 Gm.	VITAMIN C	30 0 mg.
PHOSPHORUS	0.94 Gm.	VITAMIN D	417 I.U.
IRON	12 mg.	COPPER	0.5 mg.

*Based on average reported values for milk.

Two kinds, Ploin ond Chocolote Flavored. Serving for serving, they are virtuolly identicol in nutritional content.





"Our results with the molybdenum-iron complex have been... striking..."

Dieckmann, W. J. and Priddle, H. D.:
Am. J. Obst. & Gynec. 57: 541 (1949)

UNTIL recently Dieckmann has repeatedly reported that true hypochromic anemia of pregnancy did not respond satisfactorily to orally administered iron.[1,2]

Now, however, following his latest investigation—a study of the value of molybdenized ferrous sulfate (Mol-Iron)—he states:

> "We have never had other iron salts so efficacious in pregnant patients. Our results with the molybdenum-iron complex have been . . . striking . . . increases in hemoglobin were . . . dramatic and . . . rapid."[3]

This most recent evaluation of molybdenized ferrous sulfate (Mol-Iron) confirms the findings of all earlier investigators, who found Mol-Iron to be:

> ". . . unusually efficacious . . ."[4]
> ". . . a true example of potentiation of the therapeutic action of iron . . ."[5]
> ". . . hemopoietically more active . . ."[6]

and remarkably well tolerated.[5,7]

White's **Mol-iron** **Tablets, Liquid**

MOLYBDENIZED FERROUS SULFATE

—a specially processed, co-precipitated, stable complex of molybdenum oxide 3 mg. (1/20 gr.) and ferrous sulfate 195 mg. (3 gr.). Recommended adult dosage: 2 Tablets, t.i.d. Available in bottles of 100 and 1000 Tablets and in a highly palatable Liquid, in bottles of 12 fluid ounces (each teaspoonful equivalent to one Tablet).

1. Adair, F. L., Dieckmann, W. J., and Grant, K.: Am. J. Obst. & Gynec. *32*:560 (1936).
2. Talso, P. J., and Dieckmann, W. J.: Am. J. Obst. & Gynec. *55*:518 (1948).
3. Dieckmann, W. J., and Priddle, H. D.: Am. J. Obst. & Gynec. *57*:541 (1949).
4. Neary, E. R.: Am. J. Med. Sci. *212*:76 (1946).
5. Healy, J. C.: J. Lancet 66:218 (1946).
6. Chesley, R. F., and Annitto, J. E.: Bull. Marg. Hague Maternity Hosp. *1*:68 (1948).
7. Kelly, H. T.: Penn. M. J. *51*:999 (1948).

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

the wide-angled approach in



arthritis therapy

With the growing concept of arthritis as a "systemic disease with joint manifestations,"[1] most clinicians today appreciate that constipation and common gastrointestinal dysfunctions are "not only susceptible of betterment but should be included in any wide-angled approach to the [arthritis] problem."[2] Which is why Occy-Crystine is more and more utilized for its dependable (yet non-irritant) cathartic and cholagogue action.

Composition: Occy-Crystine is o hypertonic solution of pH 8.4, mode up of the following active ingredients — sodium thiosulfote ond mognesium sulfote, to which the sulfates of potossium ond colcium ore added in small omounts, contributing to the mointenance of solubility.

References

1. American Committee far the Cantral af Rheumatism, Pemberton, R.: Rev. Gastraenteral., 9:91, 1942.
2. Spackman, E. W. et al: Am. J. M. Sci., 202:68, 1941.

OCCY-CRYSTINE LABORATORY • Salisbury, Connecticut

occy-crystine

the sulfur-bearing saline eliminant

than the strength or the ability of the part to compensate.

An attempt has been made to discuss the symptom of backache in a practical manner. Most patients respond favorably to palliative treatment, regardless of the duration of symptoms, providing irreparable damage has not occurred. With careful analysis and palliative occur. If the posture is poor, recurrence is corrected. A single episode of backache may more likely, but the severity and frequency of the episode may be lessened by intelligent and intensive treatment. Surgery is necessary in a relatively small percentage of cases.

Some surgical indications were mentioned, but surgical procedures were not discussed in this presentation. Despite the so-called advances presented in the literature, there are still some patients who respond very slowly and poorly to the best that medicine has to offer. This indicates that there is still much to be learned regarding the etiology and treatment of backache.

CHANGES IN JOINT TEMPERATURE PRODUCED BY DISEASES AND BY PHYSICAL THERAPY: PRELIMINARY REPORT

Joseph L. Hollander, M.D., and Steven M. Horvath, Ph.D. Philadelphia, Pa. In ARCHIVES OF PHYSICAL MEDICINE, 30:7:437, July 1949.

A relatively simple method of obtaining intra-articular temperatures has been devised as a means of determining the effect of various modalities of physical therapy on the joint and perhaps also for determining the amount of synovial hyperemia from a disease process. Increased heat in a joint after exercise may be an indication of the amount of cartilaginous degeneration present within the joint. Subnormal temperatures within a joint as compared with the skin temperature may be indicative of decreased circulation of the synovial membrane.

Forty-two determinations of the internal temperature of the knee joint and the overlying skin surface have been obtained on 35 persons.

A variety of physical measures were employed to modify the joint temperature. Simple passive and nonweight-bearing active movement of the joint was performed in instances.

Fever therapy, induced by a pyrogen injected

(*Continued on page* 56)

THROAT SPECIALISTS REPORT ON 30-DAY TEST OF CAMEL SMOKERS—

"Not one single case of throat irritation due to smoking CAMELS!"



YES, these were the findings in a total of 2,470 weekly examinations of hundreds of men and women from coast-to-coast who smoked only Camels for 30 consecutive days! And the smokers in this test averaged one to two packages of Camels a day!



According to a Nationwide survey:

MORE DOCTORS SMOKE CAMELS

than any other cigarette!

Doctors smoke for pleasure, too! When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!

R. J. Reynolds Tobacco Co., Winston-Salem, N. C.

- **Prolonged intranasal shrinkage**
- **Potent bacteriostasis**
- **Safety**

Par-Pen provides all three

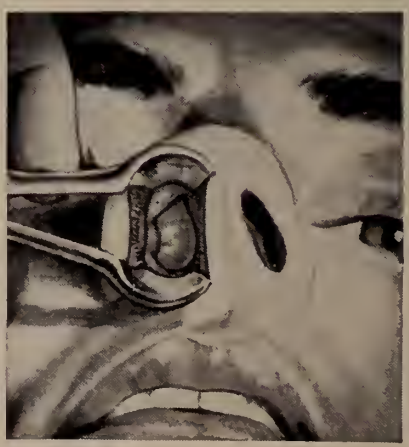
PAR-PEN contains Council-accepted Aqueous Solution Paredrine Hydrobromide—the vasoconstrictor that produces more rapid, more prolonged shrinkage than ephedrine *without* ephedrine-like central effects. By relieving congestion, the Paredrine opens the way to effective bacteriostasis at the site of infection.

PAR-PEN contains 500 units of penicillin per cc., the accepted strength for local use. Grubb and Puetzer found that local penicillin (500 units per cc.) reduced intranasal bacteria from an average of 7,363 per cc. to 42 per cc. of nasal washings!

J. Lab. & Clin. Med. 32:566

PAR-PEN is non-irritating and non-stinging.
It does not inhibit ciliary action.
It is harmless to nasal mucosa.

Smith, Kline & French Laboratories, Philadelphia



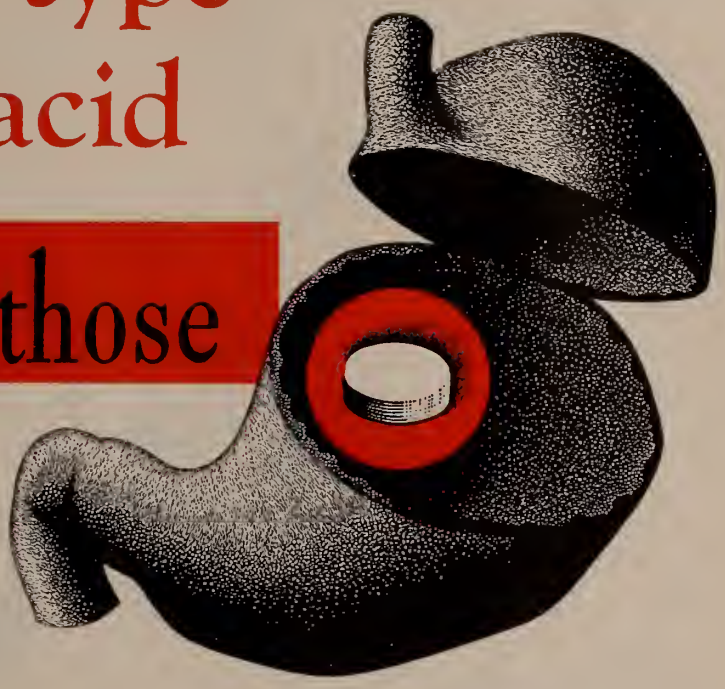
PAR-PEN is packaged in 1 fluid ounce bottles. It contains crystalline sodium penicillin, 500 units per cc.; Aqueous Solution 'Paredrine' Hydrobromide 1%.

Par-Pen

the penicillin-vasoconstrictor combination for intranasal use

New type antacid

Carmethose



for better management of peptic ulcer

Carmethose gives prolonged control with no adverse effects

Carmethose promptly lowers gastric acidity, and its protective tenacious coating has been observed in the stomach for as long as three hours.[1]

Adult dose is 2 to 4 tablets or teaspoonfuls 4 times daily between meals.

Carmethose Tablets: *sodium carboxymethylcellulose, 225mg. and magnesium oxide, 75mg. Bottles of 100*

Carmethose Liquid: *5% concentration of sodium carboxymethylcellulose. Bottles of 12 oz.*

Ciba

PHARMACEUTICAL PRODUCTS, INC., SUMMIT, NEW JERSEY

CARMETHOSE—Trade Mark 2/1504M

Advantages over adsorbent gels:

1. *Non-constipating*—hydrophilic gel promotes normal elimination.[1, 2]
2. *Reduction of acidity in two ways*—prompt action by ion exchange is followed by classical buffering action.
3. *Palatable*—small, easily swallowed tablets and pleasantly flavored liquid—preferred by patients.[2]

Advantages over soluble alkalis:

1. *No acid rebound*—effectively inhibits acid-pepsin activity, with no secondary hypersecretion.
2. *Protective coating*—mucin-like gel is rapidly formed and clings to ulcer crater and gastric mucosa.
3. *Non-systemic*—cannot disturb acid-base balance because it is non-absorbable.

1. Brick, I.B.: Amer. J. Dig. Dis., *In Press* 2. Bralow, Spellberg & Necheles: Scientific Exhibit #1112, A.M.A. Annual Session 1949



All the essential vitamins for average infant—in drop-dosage form

White's MULTI-VI DROPS

Water-miscible. Non-alcoholic. Vitamin D chemically identical to that of cod liver oil. Inexpensive. Very palatable.

Each 0.6 cc. contains:

Vitamin A	5000 U.S.P. units
Vitamin D_3	1000 U.S.P. units
Thiamine Hydrochloride	1.0 milligram
Riboflavin	0.4 milligram
Pyridoxine Hydrochloride	1.0 milligram
Sodium Pantothenate	2.0 milligrams
Nicotinamide	10.0 milligrams
Ascorbic Acid	50.0 milligrams

In bottles of 10 cc. and 30 cc. (with calibrated droppers).

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

Candy

MORE THAN JUST FOOD



Although candies are an excellent source of caloric food energy, and supply many valuable nutrients derived from the milk, cream, butter, nuts, peanuts, and eggs used in their manufacture, they provide more than calories and nutrients.

Candies make a worth-while contribution to the joy of living. They are among the foods which provide true gustatory satisfaction. Taken at the end of a meal, they create a sense of having eaten well and are conducive to an aura of satiety which can have a beneficial influence upon the digestive processes.

The child, the housewife, the worker, and the convalescent—all appreciate a piece or two of candy as the finishing touch of the mid-day or evening meal.

Council on Candy

OF THE

NATIONAL CONFECTIONERS' ASSOCIATION

ONE NORTH LA SALLE STREET, CHICAGO 2, ILLINOIS



Physical Medicine (Continued)

intravenously, resulted in increased joint and surface temperatures.

Application of an infra-red heat source (baker) over the lower extermities for periods of thirty minutes results in slightly elevated joint temperatures.

Short wave diathermy (induction method, three turns of the coil around the joint), in patients who were able to tolerate this mode of therapy, produced elevated temperatures. The surface temperatures were elevated to a greater extent than the deep temperatures. A microwave diathermy apparatus was employed in 9 patients. There was a greater elevation of the internal temperature than of the surface temperature, confirming the previous observations of Horvath and co-workers on the heating of muscular tissues.

Observations were made on the influence of hot and cold packs on both normal and inflamed joints. The application of hot packs invariably resulted in a depression of the intra-articular temperature as much as 2.2 degrees F. Continued reapplication of these hot packs produced steadily diminishing effects, but even after the tenth pack of a series the joint temperature was still definitely lowered. The internal temperature quickly returned to control levels after discontinuation, and five to ten minutes later the values were slightly higher — a positive reflex effect. Cold packs, on the other hand, increased joint temperatures to a corresponding degree. A reflex effect in the same direction was observed in the opposite knee joint in 1 patient so studied (i.e., depression of internal joint temperature with heat and elevation with external cold to the opposite knee). The effects of this mode of physical therapy on joint temperature were not so marked in the summer as in the winter.

Application of paraffin to the extremities caused a sharp rise of skin temperature over the joint with a delayed but marked rise in the temperature inside the joint. The effects of hydrotherapy on joint temperature were not pronounced, even though the skin temperature was increased rather definitely.

Studies are being carried out on the effect of exercise, particularly weight-bearing exercise, on the temperature within the joint. The rate of

(*Continued on page* 58)

announcing another Robins' achievement

NEW TRIPLE-ENZYME DIGESTANT

with unique Peptomatic* Action!

Gastrically soluble outer shell contains pepsin; enterically cooted core contoins pancreatin ond bile solts.



By the development of an entirely new type of coated tablet, consisti
of a gastrically soluble outer shell containing pepsin, and
enterically coated core containing pancreatin and bile salts—Robins (with th
new product Entozyme) now makes it possible to release these thr
important digestants *in fully active form* to that part of t
gastrointestinal tract where pH conditions for optimum activity preva
Clinical research[1] indicates that Entozyme's greatest field of usefulness is in chron
cholecystitis, post-cholecystectomy syndrome, subtotal gastrectomy, infectio
hepatitis, pancreatitis and chronic dyspepsia—where its unique selective therapy restor
more nearly physiological conditions in the gastrointestinal tract. It is also high
effective in nausea, anorexia, belching, flatulence and pyrosis. In peptic ulc
patients, too, pancreatin-pepsin therapy has produced excellent result



FORMULA Each specially constructed toblet contains Poncreatin, U.S.P., 300 m
Pepsin, N.F., 250 mg.; Bile Salts, 150 mg.

DOSAGE 1 or 2 tablets after each meal, or as directed by physician, without crushing or chewing.

SUPPLIED Bottles of 25 and 100.

REFERENCES 1. McGavack, T. H. and Klatz, S. D.: Bull. Flower Fifth Ave. Hosp., 9:61, 19
2. Weissberg, J., McGavack, T. H. and Boyd, Linn J.: Am. J. Digest. Dis., 15:332, 19

*A coined word to describe the unique mechanical action of Entozyme Tablet—whereby pepsi released only in the stomach, and pancreatin and bile salts only in the small intesti

A. H. ROBINS COMPANY, INC. • RICHMOND 20, VIRGIN
Ethical Pharmaceuticals of Merit since 18

ENTOZYME

Robins

cooling on rest following activity may shed some light on the clinical phenomenon of the "friction effect" and "articular jelling" so commonly found in degenerative joint disease.

Classification of heating modalities by their effect on joint temperature is now possible. This method of determining temperatures also may prove to be a means of measuring the efficiency of circulation in the synovial membrane. It has not yet been shown that raising the joint temperature in treating arthritis is necessarily beneficial; in fact, in cases of active arthritis the forms of physical therapy which raise the temperature most (i.e., short wave diathermy, microwave and paraffin applications) clinically appear to aggrevate pain in the acutely involved joints. It is interesting that cold, pain, fear and even smoking all lower the skin temperature and raise the joint temperature appreciably. Reevaluations of modalities of physical therapy chosen for treatment in rheumatoid arthritis should be made with the actual reaction of the joint in mind rather on purely surface temperature changes, since it has been observed in this work that the changes in joint circulation do not parallel those in skin but frequently are directly opposite.

VALUE OF EARLY RECOGNITION AND EARLY THERAPY IN CEREBRAL PALSY

Margaret Watkins. In JOURNAL OF AMERICAN MEDICAL WOMEN'S ASSOCIATION, February 1949.

According to Watkins cerebral palsy is widespread, for each year there are born 7 per hundred thousand population. Of these 7, 1 will die in infancy and 2 will be feebleminded, leaving 4 who are treatable or educable. Of these 4, the condition of 1 will be severe, of 2 moderate and of 1 mild. The physician should see that the children with this condition are directed to a center where they can be given the proper therapy, the proper education and instruction. It should be remembered that because of impairment of the neuromuscular system these children

(*Continued on page* 60)



when MIGRAINE attacks

FIRST EFFECTIVE

***oral* TREATMENT**

OF MIGRAINE ATTACK

Sandoz proudly announces the *first effective oral* treatment of migraine—

Clinical investigation[1] demonstrated that 80% of a series of cases experienced good results. Best results were obtained in migraine, histamine and tension headaches.

Friedman,[2] in a large series of migraine cases, found Cafergone 55% more effective than ergotamine tartrate alone.

Later reports[3,4] were equally favorable.

Cafergone

(ergotamine tartrate 1 mg.; caffeine 100 mg.)
(Experimentally identified as E.C. 110)

1. Horton, B. T., Ryan, R. E. & Reynolds, J. L., Proc. Staff Meet. Mayo Clinic, 23:105, Mar. 3, 1948.
2. Friedman, A. P., N. Y. State Jl. of Med. (in press).
3. Ryan, R. E., Postgraduate Medicine (in press).
4. Hansel, F. K., Annals of Allergy (in press).

SANDOZ

Originality • Elegance • Perfection

SANDOZ PHARMACEUTICALS
Division of SANDOZ CHEMICAL WORKS, INC.
NEW YORK 14, N. Y. • CHICAGO 6, ILL. • SAN FRANCISCO 8, CALIF.

For mixed infections



Chronic, infected, cutaneous ulcers of hypostatic, decubital or diabetic origin, usually respond rapidly to topical Furacin therapy. Of 81 such cases specifically mentioned in the literature, good results were obtained in 65. The infection, odor and discharge usually diminished promptly without delay of healing. Furacin® brand of nitrofurazone, is available as Furacin Solution (N.N.R.) and Furacin Soluble Dressing (N.N.R.) containing Furacin 0.2%. These preparations are indicated for topical application *in the prophylaxis or treatment of infections of* wounds, second and third degree burns, cutaneous ulcers, pyodermas and skin grafts. *Literature on request.*

EATON LABORATORIES, INC., NORWICH, N. Y.

Downing, J. et al.: J. A. M. A. 133:299, 1947 • Johnson, H.: Arch. Dermat. & Syph. 57:348. 1948 • Miller, J. et al.: New York State J. Med. 47:2316, 1947 • Miller, R. et al.: North Carolina M. J. 9:574, 1948 • Shipley, E. et al., Surg., Gynec. & Obst. 84:366, 1947.

Edocet Experientia

do not do automatically those things which they should do, but can be taught a different type of muscle control by early training in good patterns of behavior before bad habits are established. The treatment is a combination of physical therapy, occupational therapy and speech therapy. As soon as cerebral palsy is recognized the baby should be started on conditioned exercises. The parents are taught exercises to be given while a simple rhyme is sung; in her words, conditioned response based on Pavlov's experiments. Through constant repitition of the rhyme and the exercise, passive motion is changed to active assisted motion and finally to active motion. The exercises are designed to teach reciprocation of the legs and reach and grasp of the arms and hands.

Phthisiologists have long agreed that the diagnosis of tuberculosis must rest upon the laboratory demonstration of tubercle bacilli in tuberculous suspects. Francis J. Weber, M.D., Pub. Health Rep., Oct. 1, 1948.

THE EFFECT OF POSTURAL AND EXERCISE COMPONENTS ON THE HEART RATE DURING A BRIEF STEP TEST

J. A. C. Knox. In THE JOURNAL OF PHYSIOLOGY, 108:3:340, May 15, 1949.

When a brief step test is performed, beginning and ending in the sitting posture, there are two factors which may affect the heart rate: (a) the postural component, due to the change of posture from sitting to standing; and (b) the exercise component, due to the actual stepping.

By recording the heart beats electrically during exercise it is shown that each of these factors does influence the heart rate and that their effects can be separated but are additive in the mixed exercise. A fall in heart rate observed during the step test is due to the partial regression of the postural component.

BCG vaccine has joined the conventional forms of tuberculosis control in Alaska. With a tuberculosis mortality rate nine times that of the United States, the last outpost of America is mustering every known weapon in its fight against tuberculosis. Elaine Schwinge, M.D., Nat. Tuberc. A. Bull., May, 1949.

RELIEF IN 80-90% OF CASES *by the* PERENNIAL METHOD OF SPECIFIC HYPOSENSITIZATION

DIAGNOSTIC AND TREATMENT SETS

State Pollen Diagnostic Sets ($7.50): Dry pollen allergens selected according to state; 1 vial house-dust allergen. Material for 30 tests in each vial.

Stock Treatment Sets ($7.50): Each consisting of a series of dilutions of pollen extracts for hyposensitization, with accompanying dosage schedule. Single pollens or a choice of 21 different mixtures. Five 3-cc. vials in each set—1:10,000, 1:5,000, 1:1,000, 1:500, and 1:100 concentrations.

Special Mixture Treatment Sets ($10.00)

Mixtures of pollen extracts specially prepared according to the patient's individual sensitivities. Ten days' processing time required.

Arlington offers a full line of patent, carefully prepared, and properly preserved allergenic extracts for diagnosis and treatment—pollens, foods, epidermals, fungi, and incidentals.

Literature to physicians on request.

Arlington

THE ARLINGTON CHEMICAL COMPANY
YONKERS 1, NEW YORK

For most effective results in controlling pollinosis, specific hyposensitization should be continued throughout the year. Authorities agree that "desensitization treatment is still the method of choice, and the antihistaminic drugs cannot be considered as substitutes."[1]

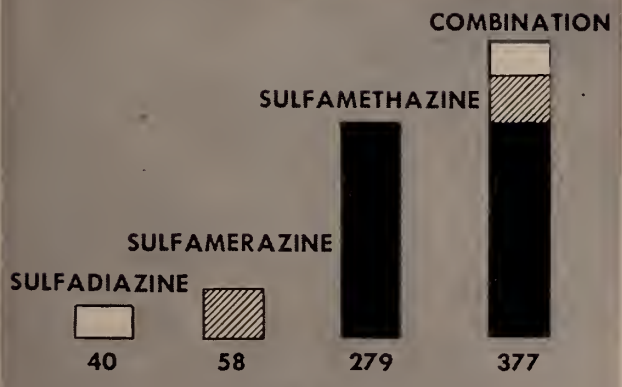
ORDER YOUR ALLERGENIC MATERIALS NOW

1. Levin, L.; Kelly, J. F., and Schwartz, E.: New York State J. Med. 48: 1474 (1948).

INCREASED MARGIN OF SAFETY — A *NEW* IMPROVED TRIPLE-SULFA COMBINATION

TRISULFAZINE

TRADEMARK



SOLUBILITY IN URINE AT pH 6.0 (mg. per 100 ml.)

Sulfamethazine plus *sulfadiazine* plus *sulfamerazine* provides a new, effective triple-sulfonamide combination that presents a minimal hazard of toxic reactions—particularly crystalluria.

Sulfamethazine ". . . can be considered to be a real advance, more especially as its therapeutic activity is of the same order as the parent compound, sulphadiazine."[1]

[1] Whitby, L.: Practitioner 155: 264 (1945).

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

FEATURES • *Low toxicity*—reduced danger of crystalluria • *Potency*—intensive dosages feasible • *Simplicity and convenience*—reduced need for adjuvant alkali or fluid administration • *Prolonged action*—because of sustained blood levels • *Rapid effect*—campanents of the mixture pass quickly into tissue fluids.

Available in three convenient dosage forms: *Tablets:* 0.166 Gm. each sulfonamide per 0.5-Gm. tablet. *Palatabs** (Half Strength): 0.083 Gm. each sulfonamide per 0.25-Gm. peppermint-flavored *Palatab. Suspension with Sodium Lactate:* 1 Gm. each sulfonamide (microcrystalline) per fluidounce with 3 Gm. sodium lactate; in stable, agreeably flavored vehicle.

*Trademark of The Central Pharmacal Co.

THE CENTRAL PHARMACAL COMPANY

Pharmaceutical Progress Since 1904

SEYMOUR INDIANA

BOOK REVIEWS



PSYCHOSOMATIC MEDICINE: By Edward Weiss, M.D.. and O. Spurgeon English, M.D., Second Edition. 803 pages. 1949. W. B. Saunders Company, Philadelphia and London. Price $9.50.

The first edition published in 1943 assisted quite materially in convincing the medical profession that the usual physical examination, laboratory information and thorough use of other modern equipment accessories, did not always lead to a definite diagnosis. It was quite obvious that too frequently, the sick need more than the knowledge of disease on the part of the physician in the effort to relieve the symptoms described.

This fact was well demonstrated in the recent world war, and most of the physicians who were on duty were well impressed with this fact. Dr. Weiss, as Professor of Clinical Medicine, and Dr. English as Professor of Psychiatry at Temple University, have worked together in the preparation of this book. This type of teamwork made it possible to utilize the clinical application of psychopathology to general medical problems to the best advantage.

It has been estimated that perhaps as much as one third of the ailments of patients seen by the physicians today, have either an emotional background, or emotion plays an important part in the production of the prevailing symptoms.

The authors have presented psychosomatic problems in the practice of medicine in a most interesting way — first in regard to general aspects, then in regard to special applications to general medicine and the specialties. Entirely in keeping with present day trends in medicine, the book should be of intense interest to all physicians and it is quite probable that a more thorough knowledge of this subject on the part of not only the practitioner, but also the specialist, some operations which may seem necessary, may be avoided.

FRACTURES AND DISLOCATIONS: Edwin O. Geckler, M.D., Fellow of the American of Surgeons, Fellow of the American Academy of Orthopedic Surgeons, Fellow of the American Association for the Surgery of Trauma, Diplomate of the American Board of Orthopedic Surgery. Fourth Edition. 371 pages. 344 figures. The Williams and Wilkins Co. Publishers, Baltimore. 1948. Price $5.00.

This book represents a condensation of the subject of fractures and dislocations. The primary purpose has been the presentation of the fundamentals of the subject, adequately illustrated, and the most practical technique for treatment of the sustained injury by methods which can be nearly universally applied. The book is of two parts: fractures; and dislocations. Seven of the chapters describe the general field of fractures and associated wounds, treatment, and the follow-up care. The remaining fourteen chapters of the first part discuss regional fractures in detail. Part two, consisting of ten chapters, describes the general subject of dislocations and treatment. This is a well written book which should be of interest especially to the general physician. J.W.F.

AN ELEMENTARY ATLAS OF CARDIOGRAPHY: An Introduction to Electrocardiography and X-Ray Examination of the Heart, H. Wallace-Jones, M.D., M.Sc., F.R.C.P. Hononary Consulting Physician, Royal Liverpool United Hospital. E. L. Rubin, M.D., lain, M.D., M.Sc., F.R.C.P. Honorary Physician, Royal Liverpool United Hospital. E. L. Rubin, M.D.. F.F.R., D.M.R.E. Hononary Radiologist, Royal Liverpool United Hospital. 108 pages. Publishers. Bristol. John Wright & Sons, Ltd. London. Simpkin Marshall (1941) Ltd. Price: did not accompany copy.

This book represents an elementary guide of electro-

(*Continued on page* 64)



The most "persuasive" oral germicide you can prescribe

1. ***Cēpacol persuades a wide range of oral bacteria to surrender within 15 seconds after contact***[1]

2. ***Cēpacol's pleasant taste persuades your patients to use it***

The rapid antisepsis[2] and soothing relief which Cēpacol brings to inflamed, sore throats are important. Along with the fact that Cēpacol is non-irritating, non-toxic, and does not interfere with tissue healing. Too, patients are extremely grateful to you for prescribing something so effective that also is so *pleasant* to use—as either gargle or spray.

CĒPACOL®

The alkaline germicidal solution that works in partnership with saliva

Merrell
1828
CINCINNATI • U. S. A.

NOW AVAILABLE—Cēpacol Throat Lozenges! These convenient, pleasant-tasting lozenges, dissolved slowly in the mouth, provide a soothing, analgesic solution to relieve the dryness and irritation of sore throat.

1. As shown in laboratory studies. 2. Cēpacol contains an effective germicidal detergent, the quaternary ammonium salt Ceepryn® Chloride, 1:4000.

cardiographic and radiological interpretation of the heart of which students in this country usually avail themselves upon introduction to the subject in medical school. It is essentially a collection of illustrations accompanied by brief descriptions which are clear and concise.

J. W. F.

BLAKISTON'S NEW GOULD MEDICAL DICTIONARY: Editors: Harold Wellington Jones, M.D., Normand L. Hoerr, M.D., Arthur Osol, Ph.D., 1294 pages, 252 illustrations, 129 in color; The Blakiston Company, Philadelphia-Toronto, 1949; price $8.50.

This first edition of Blakiston's New Gould Medical Dictionary is just off the press, and it is literally a fine descendent of the original New Medical Dictionary—Gould, published in 1890. The book was prepared with the cooperation of an editorial board and 80 contributors. In the preparation of such a comprehensive reference work it is quite obvious that the editors and their collaborating staff, have most diligently searched medical literature and have consulted many texts to make their ultimate aims possible.

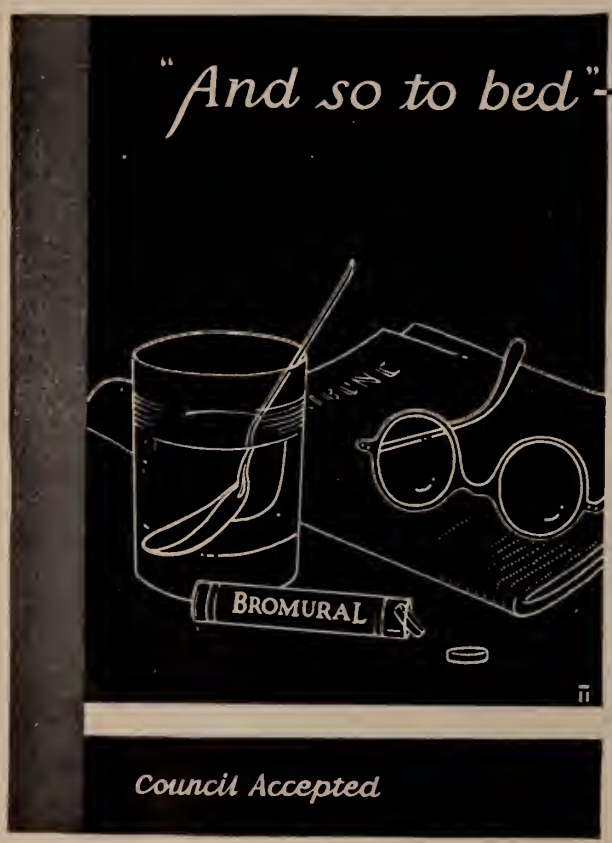
In addition to all terms used in medicine in all of its branches, the allied sciences are included in the extensive list of the terms which are defined. Included among these are the frequently confusing medicolegal terms. The book is well illustrated, many with colored plates which add materially to its interest to the reader and its value in a medical library.

This is a book which should be on the physician's and allied workers' desks, and there is no doubt on the part of the reviewer that it will be used often to good advantage. There are many tables, and much biographic information throughout the book which will be of unusual interest to those having access to the dictionary, and the Blakiston Company is to be congratulated for again bringing out a book to succeed the previously popular Gould books which appeared for more than a half century.

ATLAS OF THE HEAD AND NECK: Raymond C. Truex, M.S., Ph.D. and Carl E. Kellner. Oxford University Press. 135 pages, 136 illustrations. $15.00.

This is a volume of 135 pages of figures showing regional anatomy, skeletal structures, frontal sections, and transverse sections of the head and neck on pages 9x12" each. The usual method of representation is used; red for arteries, blue for veins, and yellow for nerves respectively. The drawings present an accurate topographical relation between the structures encountered through successive series of deeper and deeper dissections. This characteristic of the book is very commendable and attempts to bring out the three dimension appearance of the structures observed. These qualities make this book valuable to the student, practitioner, surgeon, pathologist, otorhinolaryngologist, ophthalmolo-

(*Continued on page* 68)



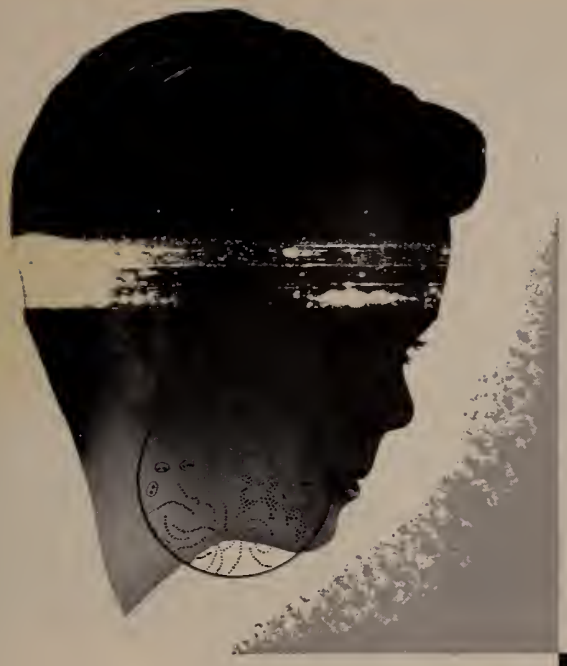
BROMURAL

(alphabromisovalerylcarbamide)

A well tolerated hypnotic, inducing a restful sleep. Two tablets upon retiring or in wakefulness during the early morning hours. Contains no barbiturate.

5 grain Tablets and Powder.

BILHUBER-KNOLL CORP.
ORANGE, • • NEW JERSEY



Topical oropharyngeal chemotherapy of proven effectiveness and safety

Numerous investigators, over a number of years, have demonstrated that the clinical use of Sulfathiazole Gum is most effective in local control of infections of the mouth and throat—and without toxic side-effects.

Nieman,* in an eight-month controlled study of the prophylactic use of Sulfathiazole Gum, reports a measurable decrease in the incidence of colds, as well as primary and irritational pharyngitis.

SAFETY

The same author* states: "It is worthy of note that the mouths of over 100 persons were exposed to the drug in concentrated form daily for eight months, *with no untoward effects.*"

White's

Sulfathiazole Gum

SAFE, TOPICAL CHEMOTHERAPY

Supplied in packages of 24 tablets—3¾ grs. (0.25 Gm.) per tablet—sanitaped in slip-sleeve prescription boxes.

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

*Nieman, I. S.: Prophylactic Value of Sulfathiazole, Arch. Otolaryngol. *47*:158 (Feb.) 1948.

for Fifty Years

PROFESSIONAL PROTECTION

EXCLUSIVELY

THE

MEDICAL PROTECTIVE COMPANY

FORT WAYNE, INDIANA

CHICAGO: T. J. Hoehn, E. M. Breier and W. R. Clouston, Representatives, 1142-44 Marshall Field Annex Bldg., Tel. State 2-0990—ROCHESTER: F. A. Seeman, Representative, Tel. Rochester 5611

THIS BEAM OF LIGHT Shows What Rexair Can Do



Next time you house-clean, pause a moment by a sunlit window. You will see thousands of dust motes floating in the beam.

Light does not produce this dust. It is everywhere in the air you breathe. Conventional methods of cleaning often fail to eliminate it, by letting dust filter back into the air you breathe.

Wouldn't you like to clean *clean?* Wouldn't you like to know that the dust you remove from floors, carpets and furniture is eliminated from your house forever? You can—with Rexair.

Rexair has no bag. It uses a pan of water to trap dust and dirt. Wet dust cannot fly, and dust cannot escape from Rexair's water bath. You pour the water down the drain, and pour the dirt away with it.

REXAIR DIVISION, MARTIN-PARRY CORP.
BOX 964, TOLEDO, OHIO, DEPT O-119.

FREE BOOK—Send for this colorful, illustrated 12-page book. Shows how Rexair does all your cleaning jobs, and even "washes" the air you breathe. Ask for all the copies you can use. No obligation.



Rexair

CHECK LIST

for choice of a laxative

Phospho-Soda (FLEET)*	TYPE OF ACTION
✓	Prompt action
✓	Thorough action
✓	Gentle action
	SIDE EFFECTS
✓	Free from Mucosol Irritation
✓	Absence of Constipation Rebound
✓	No Development of Tolerance
✓	Safe from Excessive Dehydration
✓	No Disturbance of Absorption of Nutritive Elements
✓	Causes no Pelvic Congestion
✓	No Patient Discomfort
✓	Nonhabituating
✓	Free from Cumulative Effects
	ADMINISTRATION
✓	Flexible Dosage
✓	Uniform Potency
✓	Pleasant Taste

Judicious Laxation



through controlled action

Phospho-Soda (Fleet)*, over the years, has won discriminating preference by thousands of physicians . . . because of its controlled action—its freedom from undesirable side effect—and its ease of administration. Your prescription of Phospho-Soda (Fleet)* assures effective (and safe) results. Liberal samples on request.

C. B. FLEET CO. INC.
LYNCHBURG, VIRGINIA

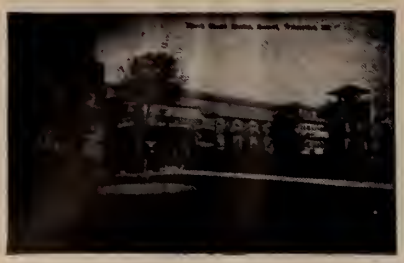
*"PHOSPHO-SODA" and "FLEET" are registered trade-marks of C. B. Fleet Co., Inc.



TRADE REG. U. S. PAT. OFF. MARK
PHOSPHO-SODA
(FLEET)*

Phospho-Soda (Fleet)* is a solution containing in each 100 cc. sodium biphosphate 48 Gm. and sodium phosphate 18 Gm.

ACCEPTED FOR ADVERTISING BY THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION



FULLY APPROVED BY THE
AMERICAN COLLEGE OF SURGEONS

NORTH SHORE HEALTH RESORT

WINNETKA, ILLINOIS

on the Shores of Lake Michigan

A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock

Samuel Liebman, M.S., M.D.
Medical Director

225 Sheridan Road **Phone Winnetka 211**



CONSTANT RESEARCH

Invented in 1861, Hanger Artificial Limbs have been constantly improved over the years. Today, the Hanger Leg is recognized as one of the world's finest artificial limbs.

Hanger Research is continually developing and testing new ideas, new methods, and new materials. From these efforts have come many outstanding achievements, adding greatly to the comfort and to the ever-increasing utility of the limb. Hip control, dural light construction, natural action joints, the flexible foot, are a few of the many advancements of recent years.

The many Hanger companies in many key cities throughout the United States are constantly studying, planning, and developing new improvements to give you an ever better artificial limb.

HANGER ARTIFICIAL LIMBS

527-529 Wells St., Chicago 7, Illinois
1912-14 Olive St., St. Louis 3, Missouri

BOOK REVIEWS (Continued)

gist, and neurosurgeon. A cross reference is available to accurately show relationship between identical structures in regional, frontal, and transverse sections. It is noted on the frontpiece that the author is Raymond C. Truex, M.S., Ph.D. No mention is made of Dr. Truex being an M.D. Carl E. Kellner has done an outstanding piece of work in the plates. The diagramatic representation from figures 41 to 47 do bring out the association between the different levels of the brain and spinal cord, but it has been carried so far in these figures that some have the appearance of a mop or wig instead of the brain and cord tissue.

This fine book will undoubtedly play an integral part as a text book and reference source for students and M.D.'s.

R.J.B.

POLIOMYELITIS: Papers and Discussions presented at the First International Poliomyelitis Conference. J. B. Lippincott Company, publishers, Philadelphia. 360 pages; price $5.00.

This is one of the most timely books which has been received in some time and it contains papers and discussions as presented at the First International Poliomyelitis Conference which was held in New York July 12-17, 1948. The book stresses first, the importance of poliomyelitis as a world problem, then in turn the pathogenesis of the early stage, management during the early stage, the convalescent stage and its management, problems of rehabilitation, and bulbar poliomyelitis.

in whooping cough

ELIXIR BROMAURATE

IS A UNIQUE REMEDY OF UNIQUE MERIT

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. **NEW YORK CITY**



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. — *Medical Director*

Barclay J. MacGregor — *Registrar*

33 GENEVA ROAD, WHEATON, ILLINOIS

(near Chicago)

The immunologic and chemotherapeutic aspects are likewise well discussed. The public health aspects of epidemic poliomyelitis in much detail in three papers. and as usual, the discussions are appended.

With the recent, and actually present epidemic of poliomyelitis which has appeared in most states in recent weeks, maks this an outstanding book from which the reader may get up to the minute information in clear detail. In view of the fact that poliomyelitis has become in recent years a major problem in medicine, and the possibilities of rehabilitating many of the worst types of deformities is more assured than formerly, the reviewer heartily recommends the purchase of the book to physicians far and wide.

Forty-three nations were officially represented at this conference, many with scientists who have worked diligently over some period of time in the effort to improve the care given to the unfortunate patients with poliomyelitis. The book is well organized and easy to read, and will be of interest to physicians everywhere.

CONTROL OF PAIN IN CHILDBIRTH, Clifford B. Lull, M. D., F.A.C.S., F.I.C.S. Director, Division of Obstetrics and Gynecology, Phildelphia Lying-In Unit, Pennsylvania Hospital. Robert A. Hingson, M.D., F.I.C.S., F.A.C.A., F.I.C.A., Associate Professor of Obstetrics; Anesthesiologist, Department of Obstetrics, Johns Hopkins University and Hospital, United

COSTEFF SANITARIUM

Mental and Nervous Disorders
Alcoholism and Drug Addiction

- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois

HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.



Fairview Sanitarium

2828 S. PRAIRIE AVE.
CHICAGO 16
Phone CAlumet 5-4588
Registered with the American Medical Association,

FOR THE DIAGNOSIS AND TREATMENT OF
MENTAL and NERVOUS DISORDERS
featuring all recognized forms of therapy including —
ELECTRONARCOSIS
ELECTRIC SHOCK
HYPERPYREXIA
INSULIN
NEWEST TREATMENTS FOR ALCOHOLISM
J. DENNIS FREUND, M.D.
Medical Director and Superintendent

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

●

The Physicians Radium Association

Room 1307—55 East Washington St., Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: CEntral 6-2268 and 6-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate

BOOK REVIEWS (Continued)

States Public Health Service. With an Introduction by Norris W. Vaux, M. D., Consulting Obstretician and Gynecologist, Philadelphia Lying-In Unit of Pennsylvania Hospital; Professor Emeritus of Obstetrics, Jefferson Medical College. Third Edition, revised and enlarged. 522 pages. Price $12.00. Publisher: J. B. Lippincott Company, Philadelphia, London, Montreal.

This book represents encyclopedic knowledge of analgesia, amnesia and anesthesia in the practice of obstetrics. The material correlates and coordinates the physiologic and pharmacologic action of the various agents used in anesthesia, analgesia, and amnesia. The techniques of many different obstetrical authorities are quoted and evaluated in respect to indications and risks concerned. Pathological obstetrics is discussed in relation to the use of various drugs. This book will be found very useful to the physician interested in obstetrics.

J. W. F.

CAMPBELL'S OPERATIVE ORTHOPEDICS, J. S. Speed — Hugh Smith. Second Edition. Two volumes; 1643 pages — 1141 illustrations. C. V. Mosby Company, St. Louis, 1949; price $30.00

The authors eleven in all, are members of the staff of the Campbell Clinic and faculty of the University of Tennessee, with the exception of Francis Murphy, Memphis, D. B. Slocum, Eugene, Oregon, and M. N.

Edward Sanatorium

NAPERVILLE, ILLINOIS
(30 miles west of Chicago)
Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff

Ideally situated — beautiful landscaped surroundings — modern buildings and equipment

A-A rating by Illinois Department of Health

Full approval of the American College of Surgeons

Active institutional member of the American Hospital Association

For detailed information apply to—

Business Office at the Sanatorium

Telephone Naperville 450

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Physician

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

Smith, Peterson, Boston. The first edition was published in 1939 by Willis C. Campbell, the founder of the Campbell Clinic. The authors have deviated intentionally from the style in the first edition, as it is intended primarily for the fellowship man or resident, keeping in mind the limitation of his knowledge and experience.

The book, as primarily intended to give the operative care of orthopedic cases, begins with an interesting chapter on preoperative and postoperative care. The authors are thoroughly impressed with the importance of well constructed and properly fitting apparatus in the majority of orthopedic affections, and a considerable amount of space in the book is devoted to this subject.

Surgical technic is likewise given much consideration as the requirements of surgical technic actually begin with the examination and preoperative care of the patient, as the authors state. The surgical approaches to the many joints of the body, and for other procedures on bones, are given much consideration. The technic for each approach are likewise well presented. Following chapters on infections of bone and traumatic affections, there naturally follows detailed consideration of dislocations and fractures.

The authors have described those procedures which they have used in their routine work, and do not mean to infer that other similar procedures as practiced elsewhere are necessarily inferior to their own, but lack of space does not permit thorough description of many

(*Continued on page 74*)

Central X-Ray & Clinical Laboratory

COMPLETE MEDICAL X-RAYS & LABORATORY SERVICE, INCLUDING:
Electroencephalograms
Gastroscopic Examinations
Retrograde Pyelograms

24 Hour Switchboard Service

111 NO. WABASH AVENUE
PHONE DEarborn 2-6960

BELLEVUE PLACE

For NERVOUS and MENTAL DISEASES

★

Edward Ross, M.D., Medical Director
BATAVIA ILLINOIS — PHONE BATAVIA 1520

City View Sanitarium

● FOR THE DIAGNOSIS AND TREATMENT OF MENTAL AND NERVOUS DISORDERS, ALCOHOLISM AND DRUG ADDICTIONS.

Established in 1907 by the late John W. Stevens, M.D. 52 acres near city. Separate buildings for men and women. Two full time psychiatrists. Electric shock and insulin therapy in selected cases. Occupational therapy. Physiotherapy department. Adequate laboratory facilities.

Nashville 4, Tennessee

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 68

CLASSIFIED

Classified Advertisements 74

FOODS

American Meat Institute, Chicago 37
Baker Laboratory, Inc., Cleveland 46
Borden's, New York 17 42
Coca Cola, Atlanta, Ga.
Mead Johnson & Co., Evansville, Ind. ... Inside Back Cover
National Confectioner's Assn., Chicago 2 55
Wander Company, 360 N. Michigan Ave., Chicago 48

FINANCIAL AND INSURANCE

Medical Protective Co., Fort Wayne, Indiana 66
Physician Casualty Co., Omaha, Neb. 5

GENERAL

Abbott Laboratories, North Chicago, Illinois 28
Ames Co., Inc., Elkhart, Ind. 36
The Arlington Chemical Co., Yonkers, N. Y. 60
Armour Laboratories, Chicago 9, Ill.
Ayerst, McKenna & Harrison Ltd., New York 16 9
Bilhuber Knoll Corp., Orange, N. J. 64
Bristol Laboratories, Inc., Syracuse 1, N. Y.
Burroughs Wellcome & Co., Inc., Tuckahoe 7, N. Y. .. 13
The Central Pharmacal Co., Seymour, Ind. 61
Ciba Company, Summit, N. J. 4, 53
Commercial Solvents Corp., Terre Haute, Ind. 21
Doho Chemical Corp., New York 13, N. Y.
Eaton Laboratories, Inc., Norwich, N. Y. 59
Endo Products Inc., Richmond Hill 18, N. Y. 18
C. B. Fleet Co., Inc., Lynchburg, Va. 67
Gold Pharmacal Co., New York 68
Hoffman-LaRoche, Inc., Nutley, N. J. 25
Holland-Rantos Co., Inc., 551 Fifth Ave., New York 47
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 56
International Vitamin Corp., 22 E. 40th St., New York City
E. E. Kunze, Inc., Milwaukee 4
Lanteen Medical Laboratories, Chicago 10
Lederle Laboratories, New York 20 31
Thos. Leeming & Co., Inc., New York 17 3
Lily, Eli & Co., Indianapolis, Ind. 39, 40
S. E. Massengill Co., Bristol, Tenn.
McKesson & Robbins, Inc., Bridgeport, Conn.
Merck & Co., Rahway, N. J. 33
Wm. S. Merrell, Cincinnati 11, 30, 63
Morris, Philip & Co., 119 Fifth Ave., New York
Nepera Chemical, Yonkers, N. Y.
Num Specialty Co., Pittsburgh, Pa. 69
Numotizine, Inc., Chicago 10 32
Occy-Crystine Laboratory, Salisbury, Conn. 50
Organon, Orange, N. J. 10
Parke, Davis & Co., Detroit, Mich. 17
Plastishield, Inc., Minneapolis
Reed & Carnrick, Jersey City 6, N. J.
Reynolds & Co., R. J., Winston-Salem, N. C. 51
A. H. Robins Co., Inc., Richmond 20, Va. .. 19, 20, 35, 57
J. B. Roerig & Co., 536 Lake Shore Drive, Chicago
Sandoz Pharmaceuticals, New York 14 58
Schenley Laboratories, Inc., N. Y. 1, N. Y.
Schering Corp., Bloomfield, N. J. 23
Schieffelin & Co., New York 3
Schmid, Julius, Inc., 423 W. 55th St., New York City ..
G. D. Searle & Co., P. O. Box 5100, Chicago
..... Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago 12
Smith Dorsey Co., Lincoln, Nebr. 45
Smith, Kline & French, Philadelphia
..... 6, 15, 22, 38, 41, 52, 73
E. R. Squibb & Co. 16
The Tarbonis Co., Cleveland 3, Ohio
Upjohn Co., Kalamazoo, Mich. 43
U. S. Vitamin Products, Inc., New York 26
Walker Vitamin Products, Inc., New York
Wm. R. Warner & Co., 113 W. 18th St., New York 14
Whittaker Laboratories, Inc., New York City 5
White Laboratories, Inc. 8, 27, 34, 49, 54, 65
Winthrop Stearns Co., 70 Varick St., New York 24
Wyeth Incorporated 29
Zemmer Co., Pittsburgh, Pa. 74

SANATORIA AND SANITARIA

Bellevue Place, Batavia, Ill. 71
City View Sanitarium, Nashville 4, Tenn. 71
Costeff Sanatorium, Peoria, Ill. 69
Edward Sanatorium, Naperville, Ill. 70
Fairview Sanitarium, Chicago 16 69
Mitchell Farm, Peoria 70
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 71
North Shore Health Resort, Winnetka 68
Mary Pogue School, Wheaton, Ill. 69
St. Joseph's Health Resort, Wedron, Illinois 74
Stokes Sanitarium, Louisville, Ky. 74

EQUIPMENT

Picker X-Ray, New York 10, N. Y.
Rexair, Toledo, Ohio 66

RADIUM

Central X-Ray & Clinical Laboratory, 58 E. Washington, Chicago 71
Physicians Radium Assn., Chicago 2 70





Eskadiamer combines the 2 safest sulfonamides in 1 delicious fluid preparation

Leading clinicians have attested the greater safety of the sulfonamides in mixtures. Now, Lehr finds that "sulfadiazine and sulfamerazine qualify for first and second place, respectively, as mixture components."

Federation Proceedings 8:315 (March) 1949

Eskadiamer, therefore, is especially welcome to the physician—not only because it is a sulfonamide mixture, but also because it is a mixture of equal parts *of the two safest sulfonamides in general use:* sulfadiazine and sulfamerazine.

Eskadiamer tastes so good that children—and many adults—much prefer ESKADIAMER to the usual bulky, sulfonamide tablets.

Smith, Kline & French Laboratories, Philadelphia



Eskadiamer

the delicious fluid preparation of sulfamerazine and sulfadiazine

Each 5 cc. (one teaspoonful) of ESKADIAMER contains 0.25 Gm. (3.86 gr.) microcrystalline sulfamerazine and 0.25 Gm. (3.86 gr.) microcrystalline sulfadiazine—the dosage equivalent of the standard 0.5 Gm. (7.7 gr.) sulfonamide tablet.

In the TREATMENT of WHOOPING COUGH

and Adult Irritating Bronchial Coughs

Each 10 minims contains: Gold Tribromide — 1-30 gr.

The pharmacologic action and the therapeutic effect of Auri-Tussin, a solution of Gold Tribromide, in Whopping-Cough is due to the antiseptic action of the Gold and the neuro-sedative action of the bromide. Supply in ½ oz. dropper bottles. Literature and prices on request.

AURI-TUSSIN ZEMMER

Chemists to the Medical Profession Since 1903

IL11-49

THE ZEMMER COMPANY • Pittsburgh 13, Pa.

He could not have been over four, as he stood in front of the lost and found desk. He hardly reached the top, and there were traces of hastily-wiped tears on his chubby face as he inquired in a quavering voice, "Have any mothers been turned in this morning?"

Classified Ads

RATES FOR CLASSIFIED ADVERTISEMENTS—For 30 words or less: 1 insertion, $3.00; 3 insertions, $8.00; 6 insertions, $14.00; 12 insertions, $24.00; from 30 to 50 words: 1 insertion, $4.00; 3 insertions, $10.50; 6 insertions, $20.00; 12 insertions, $30.00. Extra words: 1 insertion, 10c each; 3 insertions, 25c each; 6 insertions, 40c each; 12 insertions, 50c each. A fee of 25c is charged for those advertisers who have answers sent care of the Journal. Cash in advance must accompany copy.

FOR SALE: Opportunity to take over modern 7 Rm. Brk. Home and clinic and office bldg. with spacious grounds in fine close-in location. Ideal for practicing physician or surgeon. $50,000, preferably cash, or $30,000 down bal. time. See Wm. H. Abelmann, Rm. 404, Elgin Tower, Elgin, Ill. Ph. Elgin 122 11/49

THE STOKES SANITARIUM **923 Cherokee Road, Louisville, Kentucky**

Our ALCOHOLIC treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The DRUG treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

BOOK REVIEWS (Continued)

other procedures, and would lead to more confusion on the part of the readers, no doubt. As would be expected, attention is given to the use of antibiotics and other modern therapeutic measures used to prevent and treat infections. Likewise the value of a well organized bone bank is described in much detail.

Peripheral nerve injuries likewise is given a considerable amount of consideration and adequate treatments for these disturbances are outlined. The subject of amputations and the proper technics, as well as preferable site of the amputation, are well described.

Volume 11 is devoted principally to a careful consideration of many of the more technical procedures, such as affections of joints, tuberculosis, arthrodeses, arthroplasty and anterior poliomyelitis. Correction of deformities resulting from this disease are carefully described, with the proper procedure for the correction in each instance. The last chapter on congenital anomalies and their surgical management, is of much interest to the reader especially interested in this type of work.

The book is well illustrated, and this naturally adds materially to its value.

The first edition was a highly popular work, and this second edition, although developed by new editors, should carry on the same traditions and make this likewise a highly popular text for some time to come.

FOR REST and CONVALESCENCE *under competent Medical Supervision*

St. Joseph's Health Resort **WEDRON, ILLINOIS**

85 miles from Chicago, on the Fox River

Conducted for the care of non-infectious diseases and mild nervous disorders by the Missionary Sisters of The Most Sacred Heart of Jesus.

Offering medical attention, private rooms and baths, excellent meals, special diets, physio- and hydrotherapy and diagnostic medical laboratory facilities.

Medical Director
Robert J. Schiffler, M.D.

Superintendent
Sister Mary Severine

Literature and Rates upon Request — — — Telephone Ottawa 2780

3 new water-soluble liquid vitamin preparations



Poly-Vi-Sol

Each 0.6 cc., the usual daily dose, supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Thiamine	1.0 mg
Riboflavin	0.8 mg
Niacinamide	5.0 mg
Ascorbic Acid	50. mg

Tri-Vi-Sol

Each 0.6 cc., the usual daily dose, supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50 mg

Ce-Vi-Sol

Each 0.5 cc., the usual daily dose, supplies:

Ascorbic Acid	50 mg

each is

Soluble in Water and other liquids
Scientifically Formulated
Pleasing to the Taste
Convenient to Administer
Ethically Marketed

indications

All of these preparations are ideally suited for the routine supplementation of the diets of infants and children. They can also be administered to adults.

administration

Any of these preparations can be stirred into infant's formula, into fruit juice, milk or other liquid, or mixed into cereal, pudding, or other solid food. They can be given with a spoon or dropped directly into the mouth.

HOW SUPPLIED These products are available in 15 and 50 cc. bottles, each with an appropriately calibrated dropper.

MEAD'S

MEAD JOHNSON & CO. EVANSVILLE 21, IND., U. S. A.



FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
James L. Baker, M. D.
Robert A. Richards, M. D.

Arthur J. Patek, M. D.
Consultant

G. H. Schroeder,
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.

ACADEMY OF MEDICINE
DEC 21 1949
LIBRARY

The ILLINOIS Medical Journal

VOL. 96 NO. 6

December, 1949

The Menace of the Coming Months

Neurosurgery and the Illinois State Hospital System

Treatment of Ante-Partum Hemorrhage

(See page 5 for complete Table of Contents)

OFFICIAL JOURNAL OF THE ILLINOIS STATE MEDICAL SOCIETY

Speed...Comfort...Safety...



Start of hypodermoclysis.
Alidase injected in right leg.
No Alidase used in left leg.

Completion of hypodermoclysis. Right leg: comfort, safety, rapid absorption.
Left leg: swelling, pain, slow absorption.

ALIDASE* Searle (highly purified hyaluronidase) injected through the hypodermoclysis tubing makes it possible to administer subcutaneous fluids with the speed, comfort and safety of the intravenous route.

Clinical studies have demonstrated that Alidase markedly increases the rate of absorption of saline, plasma, glucose, Hartmann's or Ringer's solution. The absorption of penicillin, streptomycin, procaine and adrenalin is also facilitated.

The swelling, induration and discomfort which ordinarily accompany hypodermoclysis are negligible when Alidase is employed.

USUAL DOSE: One ampul per 500 to 1,000 cc. of hypodermoclysis fluid.

ADMINISTRATION: It may be: (a) injected through the wall of the rubber tube near the hypodermoclysis needle or (b) dissolved directly in the solution (when the amount of fluid to be injected is small).

REFERENCES:

1. Meyer, K.: Physiol. Rev. 27:335 (July) 1947.
2. Sannella, L. S.: Yale J. Biol. & Med. 12:433 (March) 1940.
3. Seifter, J., and Christian, J. J.: Presented at The New York Academy of Science in the Section of Biology, (Dec. 4) 1948.
4. Schwartzman, J.; Henderson, A. T., and King, W. E.: J. Pediat. 33:267 (Sept.) 1948.
5. Schwartzman, J.: J. Pediat. 34:559 (May) 1949.

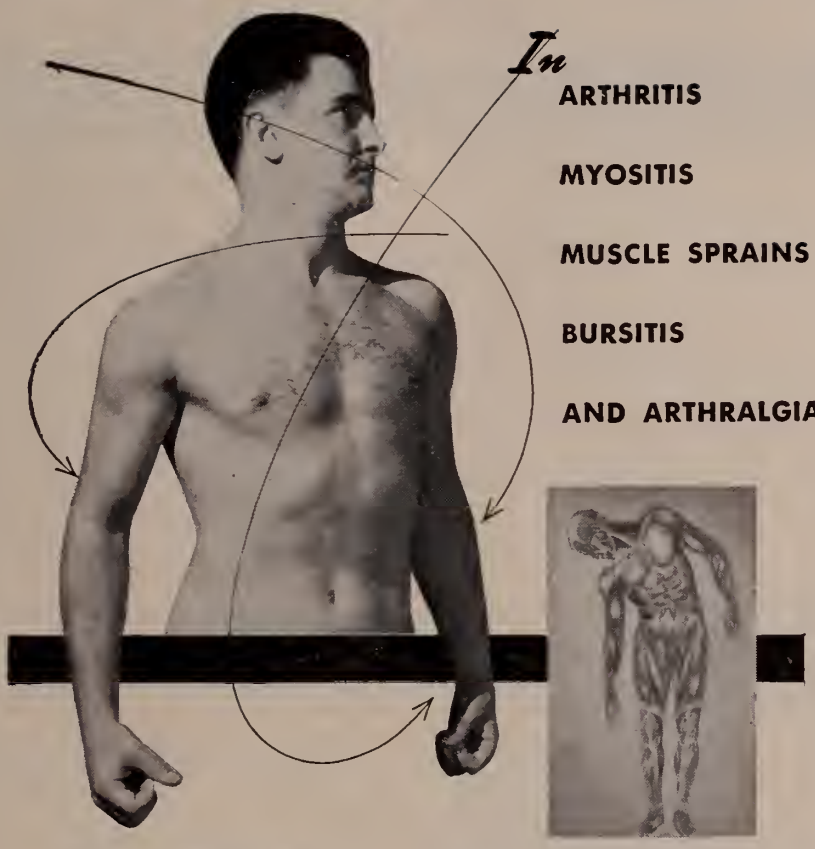
ALIDASE* BRAND OF HYALURONIDASE

SEARLE

RESEARCH IN THE SERVICE OF MEDICINE

*Trademark of G. D. Searle & Co., Chicago 80, Illinois

Entered as Second-Class Matter July 21, 1919, at the Post Office, Oak Park, Illinois, under the Act of March 8, 1879. Acceptance for mailing at special rate of postage provided for in section 1102, Act of October 8, 1917, authorized July 15, 1918. Office of Publications, 715 Lake Street, Oak Park, Ill.



OBJECTIVE IMPROVEMENT may be achieved through the beneficial influences exerted on the pathologic processes by the active hyperemia induced by a Baume Bengué massage.

SUBJECTIVE IMPROVEMENT is evidenced by a comforting sensation of warmth and relief of pain which may result from the combined local and systemic effects of Baume Bengué.

Percutaneous absorption of methyl salicylate not only reinforces the topical effects of Baume Bengué but can enhance other systemic measures used to combat the underlying disease processes. The proof of the systemic effects of such preparations was established by the fundamental work of Moncorps, Kionka, Hanzlik, Brown and Scott.

Baume Bengué
ANALGESIQUE

Baume Bengué provides 19.7% *methyl salicylate*, 14.4% *menthol in a specially prepared lanolin base.*

THOS. LEEMING & CO., INC., 155 E. 44TH ST. N.Y. 17

low cost...

twice as potent as ingested methyltestosterone



Metandren Linguets are specially prepared to facilitate absorption of methyltestosterone through the oral mucosa Numerous reports indicate that in the average case, dosage with the Metandren Linguets need be only half that with ingested tablets of methyltestosterone.

Therefore, Metandren Linguets have been called "the most economical and also efficient way of administering testosterone."[1]

1. Lisser, H.: Calif. & West. Med. 64: 177. 1946

- METANDREN LINGUETS, 5 mg. (white), scored; 10 mg. (yellow), scored – in bottles of 30, 100 and 500.

PERANDREN
is the pioneer brand of testosterone propionate, the most potent injectable androgen.

Ciba PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

METANDREN, LINGUETS—Trade Marks Reg. U. S. Pat. Off. 2/1529M

TABLE OF CONTENTS

DECEMBER, 1949
Vol. 96, No. 6

INDEX TO VOLUME 96 399

ORIGINAL ARTICLES

The Menace of the Coming Months, *The Hon. L. C. Arends,* Melvin 357
Neurosurgery and the Illinois State Hospital System, *Eric Oldberg, M.D.,* Chicago 364
The Treatment of Ante-Partum Hemorrhage, *Joseph A. Hardy, Jr., M.D.,* St. Louis, Missouri . 367
Proctologic Problems of Infants and Children, *James B. Gillespie, M.D.,* Urbana 371
The Management of Vaginal Discharges, *Walter J. Reich, M.D.,* and *Mitchell J. Nechtow, M.D.,* Chicago 376
Intensive Treatment of Psychoses. Factors Influencing Improvement and Relapse, *George Fenyes, M.D.,* Chicago 378
Coarctation of the Aorta and Aortic Insufficiency, *Case Report, Simon Zivin, M.D.,* and *Saul L. Silver, M.D.,* Chicago 385

EDITORIALS

Andy Hall—Outstanding General Practitioner 337
The A.M.A. Investigation 339
"By Appointment Only" 341
How Broad the Cardiac's Horizon? 341
The Doctor Looks in the Mirror 342
Inter-Professional Dinner and Forum 343
Book Reviews 52

MEDICAL ECONOMICS

Consultations in Obstetrics 345

STATE DEPARTMENT OF PUBLIC HEALTH

Deep X-Ray Facilities in Downstate Illinois, 1948, *G. Howard Gowen, M.D., Ph.D.,* Springfield 348

CORRESPONDENCE

Cost of Care for Polio Patients 353
"Your-Mental Hospitals" New Law for Mentally Deficient 354
New Fellows, American College of Surgeons 355
Hematologists Will Meet in England 355
Twenty-Three Clinics for Crippled Children Listed for January 355
Doctor is Your Name Listed? 356
The C.M.S. Annual Clinical Conference 356
Training Program is Approved 356

PATHOLOGY CONFERENCES

Presentation of Two Cases, *Philip W. Graff, M.D.,* Chicago, Cancerous Melanblastoma of the Eye with Visceral Metastases 387
Eclampsia in a Thirty-Two Year Old Multipara . 390

PHYSICAL MEDICINE ABSTRACTS 38

NEWS OF THE STATE 394

Radium Rental Service

By

THE PHYSICIANS RADIUM ASSOCIATION

Organized for the purpose of making radium available to physicians to be used in the treatment of their patients. Radium loaned to physicians at moderate rental fees, or patients may be referred to us for treatment if preferred.

•

The Physicians Radium Association

Room 1307—55 East Washington St.,
Pittsfield Bldg., CHICAGO 2, ILL.

Telephones: CEntral 6-2268 and 6-2269

Wm. L. Brown, M.D., Director

Wm. L. Brown, Jr., M.D., Associate



FREE
Diaphragms
12 COOPER CREME
Large size tubes $8.00
6 DIAPHRAGMS
Guaranteed 2 years NO CHARGE
SIZES 50 TO 100 MM.
This $14.00 Value
$8.00
Write "Special Offer" on your Rx blank. State size diaphragms wanted and mail at once to
Whittaker Laboratories INC.
Peekskill, N.Y.

Five-fold attack against

Middle Ear Disease



External Ear Disease



1. **Antibacterial**—local infection effectively attacked by high concentration of sulfa-urea.[1,2]
2. **Debriding**—infection site rapidly cleansed—odors reduced, and waste material removed.
3. **Analgesic**—pain and itching relieved by chlorobutanol.
4. **Fungicidal**—inhibits common fungous contaminants.
5. **Hygroscopic**—absorbs excess moisture, acts as decongestant.

White's Otomide is a stable solution of 5% Sulfanilamide, 10% Carbamide (Urea) and 3% Anhydrous Chlorobutanol in glycerin of high hygroscopic activity. Supplied in dropper bottles of ½ fluid ounce (15 cc.)

White's **OTOMIDE**

Topical Otologic Chemotherapy

WHITE LABORATORIES, INC. Pharmaceutical Manufacturers, Newark 7, N. J.

1. Holder, H. G., and MacKay, E. M.: Mil. Surg. *90*:509-518 (May) 1942.
2. Holder, H. G., and MacKay, E. M.: Surgery *13*:677-682 (May) 1943.

SECTION AND COUNTY SOCIETY OFFICERS

Illinois State Medical Society

OFFICERS OF SECTIONS, 1949, 1950

SECTION ON MEDICINE:
Chairman: Edward Bigg, 8 S. Michigan Ave., Chicago
Secretary: R. F. Millet, Macomb

SECTION ON SURGERY:
Chairman: John L. Keeley, 30 N. Michigan Ave., Chicago
Secretary:

SECTION ON EYE EAR NOSE AND THROAT:
Chairman: Richard C. Gamble, 30 N. Michigan Ave., Chicago
Secretary: William A. McNichols, Dixon

SECTION ON PUBLIC HEALTH AND HYGIENE:
Chairman: John H. Hall, Jr., 737 S. Wilcott Ave., Chicago
Secretary: Dale E. Scholz, Court House Annex, Mt. Carmel

SECTION ON RADIOLOGY:
Chairman: Harold L. Shinall, St. Joseph's Hospital, Bloomington
Secretary: Theodore J. Wachowski, 310 Ellis Ave., Wheaton

SECTION ON PEDIATRICS:
Chairman: George L. Drennan, Jacksonville
Secretary: Anders Weigen, 1475 Farragut Ave., Chicago

SECTION ON OBSTETRICS AND GYNECOLOGY:
Chairman: John R. Wolff, 30 N. Michigan Ave., Chicago
Secretary: Worling R. Young, Geneseo

SECTION ON PATHOLOGY:
Chairman: Harry M. Steen, St. John's Hospital, Springfield
Secretary: Coye C. Mason, 551 Grant Place, Chicago

COUNTY SOCIETIES

This list is corrected in accordance with the best information obtainable at the date of going to press. County Secretaries are requested to notify The Journal of any changes or errors.

County	President	Secretary
Adams	James Merritt, Quincy	Harold Woodsock, Quincy.
Alexander	Howard Stuckey, Cairo	Paul S. Baur, Cairo.
Bond	Wm. L. Hall, Greenville	Max Fraenkel, Greenville.
Boone	Earl S. Davis, Belvidere	David E. James, Belvidere.
Bureau	Charles J. Green, Spring Valley	R. E. Davies, Spring Valley.
Carroll	H. C. Pauley, Savanna	Ruth E. Church, Savanna.
Cass	T. G. Charles, Beardstown	B. A. Desulis, Beardstown.
Champaign	J. C. Dallenbach, Champaign	Arnold H. Leavitt, Champaign.
Christian	W. A. Monaghan, Taylorville	W. S. Miller, Assumption.
Clark	H. G. Johnson, Casey	G. T. Mitchell, Marshall.
Clay	Francis H. Ketterer, Breese	M. H. Parker, Louisville.
Clinton	M. A. Bateman, Carlyle	J. Q. Roane, Carlyle.
Coles-Cumberland	Walter R. Rhodes, Toledo	Lee Steward, Mattoon.
Cook	J. Roscoe Miller, Chicago	H. Kenneth Scatliff, Chicago.
Crawford	B. C. Teasley, Jr., Robinson	John W. Long, Robinson.
DeKalb	P. W. Carney, DeKalb	Grant Suttie, DeKalb.
DeWitt	Sidney A. Sinow, Clinton	William R. Marshall, Clinton.
Douglas	Edmund Kahan, Hindsboro	E. S. Allen, Arcola.
DuPage	T. R. Marquardt, Lombard	A. R. Rikli, Naperville.
Edgar	P. E. Fleener, Paris	Wilbur J. Menke, Paris.
Edwards	A. J. Boston, Albion	Andrew Krajec, West Salem.
Effingham	R. A. Adams, Altamon	G. C. Wood, Effingham.
Fayette	George A. Stanbery, Vandalia	E. A. Kuehn, Vandalia.
Ford	Roy L. Kenward, Melvin	Gene M. Noble, Paxton.
Franklin	Marion Turner, Christopher	James Donosky, Benton.
Fulton	J. K. Welch, Cuba	O. M. Wood, Ipava.
Gallatin	John E. Doyle, Ridgway	James A. Kirby, New Haven.
Greene	Paul A. Dailey, Carrollton	F. Earl Walker, Roadhouse.
Hancock	Jay D. Trotter, Carthage	Blair Kelly, Ferris.
Henderson	M. J. Babcock, Biggsville	Elmer T. Swann, Oquawka.
Henry	A. W. Wellstein, Geneseo	C. Paul White, Kewanee.
Iroquois	Cliff L. Clark, Sheldon	Myrtle F. Sweimler, Watseka.
Jackson	Ellis Crandle, Carbondale	Edward K. Ellis, Murphysboro.
Jasper	Kent Wattleworth, Newton	C. O. Absher, Newton.
Jefferson-Hamilton	A. C. Tobey, McLeansboro	Harry Thompson, Mt. Vernon.
Jersey	Robert G. Mindrup, Jerseyville	W. Clark Doak, Jerseyville.
Jo Daviess	J. E. Gustafson, Stockton	R. E. Logan, Galena.
Johnson	Wm. Thompson, Cypress	E. A. Veach, Vienna.
Kane	Arthur L. Morley, Batavia	A. J. Zmugg, Aurora.
Kankakee	Paul H. Anthony, Kankakee	A. L. Nickerson, Kankakee.
Knox	John L. Bohan, Galesburg	Alexander M. Duff Jr., Galesburg.
Lake	M. T. Brown, Zion	John L. Ward, Lake Bluff.
LaSalle	A. F. Lenzen, LaSalle	Martin J. Rosenthal, LaSalle.
Lawrence	Frank Arnold, Lawrenceville	Robert G. Kirkwood, Lawrenceville.
Lee	J. L. Palumbo, Ashton	Thomas J. Caldarola, Franklin Grove
Livingston	A. J. McGee, Dwight	J. H. Langstaff, Jr., Fairbury.
Logan	D. M. Barringer, Lincoln	Robert Brown Perry, Lincoln.
McDonough	V. B. Adams, Macomb	R. Clarke Benkendorf, Bushnell.
McHenry	C. E. Wittenberg, Woodstock	B. B. Neuchiller, Woodstock.
McLean	Ray Doud, Normal	W. H. Atkinson, Bloomington.
Macon	Vernon M. Long, Decatur	Maurice D. Murfin, Decatur.
Macoupin	Frederick E. Anspaugh, Virden	Joseph J. Grandone, Gillespie.

(Continued on page 8)

(County Officers Continued)

County	President	Secretary
Madison	F. E. Wilson, Highland	E. F. Moore, Collinsville.
Marion	Harold E. Snow, Centralia	Jack Frost, Centralia
Mason	H. O. Rogier, Mason City	J. W. McHarry, Havana.
Massac	Harry Wright, Metropolis	G. F. Cummins, Metropolis.
Menard	B. D. Epling, Petersburg	H. P. Moulton, Petersburg.
Mercer	James W. Hastings, Aledo	W. A. Miller, Aledo.
Monroe	Roy G. Empson, Valmeyer	J. A. Werth, Waterloo.
Montgomery	Harry Yaeger, Litchfield	L. George Allen, Litchfield.
Morgan	George L. Drennan, Jacksonville	Mary Louise Newman, Jacksonville
Moultrie	Eugene Boros, Bethany	Phillip H. Best, Sullivan.
Ogle	Grant M. Kloster, Oregon	A. Sherwood Baker, Mount Morris
Peoria	J. W. Sours, Peoria	Carl F. Neuhoff, Peoria.
Perry	J. W. Stevens, DuQuoin	Richard Matlavish, DuQuoin.
Piatt	Stephen Kratz, Monticello	J. F. Allman, Monticello.
Pike	James E. Goodman, Jr., Pleasant Hill	W. Robert Malony, Pittsfield.
Pope		L. S. Barger, Golconda.
Pulaski	Homer J. Elkins, Mounds	W. R. Wesenberg, Mound City.
Randolph	E. R. May, Chester	W. W. Fullerton, Steelville.
Richard	D. S. DiCiro, Olney	Richard Birnbaum, Olney.
Rock Island	Norbert C. Barwasser, Moline	Joseph G. Gustafson, Moline.
St. Clair	Herman J. Nebel, E. St. Louis	Owen J. Eisele, E. St. Louis.
Saline	A. J. Butner, Harrisburg	Carl J. Hauptman, Harrisburg.
Sangamon	O. E. Ehrhardt, Springfield	Wm. De Hollander, Springfield.
Schuyler	H. O. Munson, Rushville	C. K. Carey, Rushville.
Shelby	O. G. Kauder, Findlay	R. G. Mathewson, Shelbyville.
Stephenson	L. F. Rockey, Freeport	John S. Clark, Jr., Freeport.
Tazewell	Harold D. Feldman, Pekin	Kenneth M. Calhoun, Tremont.
Union	John A. Merideth, Cobden	William Hale Whiting, Dongola.
Vermilion	Holland Williamson, Danville	E. T. Baumgart, Danville.
Wabash	J. J. McIntosh, Mt. Carmel	H. A. Elkins, Mt. Carmel.
Warren	Russell Jensen, Monmouth	Jos. C. Sherrick, Monmouth.
Washington	P. B. Rabenneck, Nashville	Roscoe C. Vernor, Nashville.
Wayne	D. A. Gershenson, Fairfield	G. R. Hill, Fairfield.
White	J. G. Harrell, Carmi	R. S Loewenherz, Carmi.
Whiteside	G. J. Pohly, Rock Falls	D. M. Burnstine, Sterling.
Will-Grundy	Theodore Z. Polley, Joliet	William N. Osborn, Joliet
Williamson	J. W. Tidwell, Herrin	M. M. May, Marion.
Winnebago	William K. Ford, Rockford	W. H Palmer, Rockford.
Woodford	Melvin I. Glick, Eureka	Robert Lykkebak, El Paso.

Accepted by Leading Pediatricians

Accepted by Council on Foods

ACCEPTED COUNCIL ON FOODS AND NUTRITION AMERICAN MEDICAL ASSOCIATION

Laxative Modifier of Milk for Constipation in Infants

•

Borcherdt MALT SOUP EXTRACT (Liquid)

•

DRI-MALT SOUP EXTRACT (Powder)

FEATURES:

- High proportion of readily fermentable maltose encourages the growth of aciduric bacteria and retards growth of putrefactive organisms.
- Malt Soup Extract stimulates peristalsis.
- Water-soluble extractives of choice, malted barley and the added potassium carbonate contribute to the gentle laxative effect.
- Mixture of sugars (maltose-dextrins) means better toleration—no danger of gastrointestinal irritation, excessive fermentation, or diarrhea when used as directed by the physician.

Palatable . . . Dissolves Readily in Milk

SUPPLIED: Malt Soup Extract—Jars containing 8 fl. oz. and 1 pt. Dri-Malt Soup Extract—Jars containing 1 lb.

Borcherdt MALT EXTRACT COMPANY

Malt Products for the Medical Profession Since 1868

217 NORTH WOLCOTT AVENUE CHICAGO 12, ILLINOIS

NOW!

stable

crystalline

Sodium Penicillin G

by Tongue, by Lung, by G. I. Tract



By Tongue:

Sublingual PENALEV tablets (50,000 or 100,000 units) are rapidly absorbed, quickly create therapeutic penicillin blood levels.



By Lung:

Potent penicillin G aerosol solutions can be prepared readily by dissolving PENALEV tablets in water or normal saline.



By G. I. Tract:

PENALEV tablets dissolve promptly and completely in milk, fruit juices, or infant formulas. without appreciably changing their tastes.



Penalev

Soluble tablets sodium penicillin G: 50,000 and 100,000 units; vials of 12 tablets crystalline. Sharp & Dohme, Philadelphia 1, Pa.

Penalev®

SHARP & DOHME

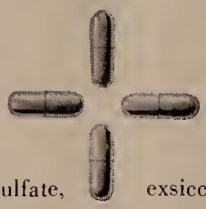
Soluble Tablets Crystalline

Sodium Penicillin G

in ill-defined anemias...

write **FEOSOL PLUS** 

FEOSOL PLUS is the ideal single preparation with which to correct all too-common dietary deficiencies and promote optimal metabolic efficiency.

each **FEOSOL PLUS**  **capsule contains:**

Ferrous sulfate, exsiccated, 200.0 mg.; liver concentrate powder (35:1), 325.0 mg.; folic acid, 0.4 mg.; thiamine hydrochloride (B_1), 2.0 mg.; riboflavin (B_2), 2.0 mg.; nicotinic acid (niacin), 10.0 mg.; pyridoxine hydrochloride (B_6), 1.0 mg.; ascorbic acid (C), 50.0 mg.; pantothenic acid, 2.0 mg.

FEOSOL PLUS 

by no means replaces Feosol. Feosol is the standard therapy in simple iron-deficiency anemias.

Dosage—3 capsules daily, one after each meal.
Available in bottles of 100 capsules.

Smith, Kline & French Laboratories, Philadelphia

FEOSOL PLUS 

For the correction of ill-defined secondary anemias



new

common cold therapy

. . . without drowsiness

Early treatment with Thephorin-AC tablets will frequently abort or relieve the common cold with little likelihood of drowsiness. Thephorin-AC is therefore of particular value to motorists, machine operators and ambulatory patients who must remain alert. It combines the antihistaminic effect of Thephorin with the action of acetophenetidin, acetylsalicylic acid and caffeine. In over 2,000 attacks of the common cold. Brewster* found that Thephorin "is effective . . . and will abort a high percentage of the attacks."

HOFFMANN-LA ROCHE INC • NUTLEY 10 • N. J.

Thephorin®-AC

tablets

'Roche'

*J. M. Brewster, *In Press.*
(Thephorin—brand of phenindamine)



if she is one of *your* patients...

...She depends on your help for a speedy return to gainful occupation. Women seeking employment who are nervous, apprehensive and generally distressed by symptoms of the climacteric, may find it difficult to meet competition. ***"Premarin"*** *offers a solution. Many thousand physicians prescribe this naturally-occurring, oral estrogen because...*

1. *Prompt symptomatic improvement usually follows therapy.*
2. *Untoward side-effects are seldom noted.*
3. *The sense of well-being so frequently reported tends to quickly restore the patient's confidence and normal efficiency.*
4. *This "Plus" (the sense of well-being enjoyed by the patient) is conducive to a highly satisfactory patient-doctor relationship.*
5. *Four potencies provide flexibility of dosage: 2.5 mg., 1.25 mg., 0.625 mg. and 0.3 mg. tablets; also in liquid form, 0.625 mg. in each 4 cc. (1 teaspoonful).*

Ayerst

While sodium estrone sulfate is the principal estrogen in ***"Premarin,"*** *other equine estrogens...estrodiol, equilin, equilenin, hippulin...are probably also present in varying amounts as water-soluble conjugates.*

"PREMARIN"®

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

ESTROGENIC SUBSTANCES (WATER-SOLUBLE)
also known as CONJUGATED ESTROGENS (equine)

Ayerst, McKenna & Harrison Limited 22 East 40th Street, New York 16, New York
4911



The most "persuasive" oral germicide you can prescribe

1. ***Cēpacol persuades a wide range of oral bacteria to surrender within 15 seconds after contact***[1]

2. ***Cēpacol's pleasant taste persuades your patients to use it***

The rapid antisepsis[2] and soothing relief which Cēpacol brings to inflamed, sore throats are important. Along with the fact that Cēpacol is non-irritating, non-toxic, and does not interfere with tissue healing. Too, patients are extremely grateful to you for prescribing something so effective that also is so *pleasant* to use—as either gargle or spray.

CĒPACOL®

The alkaline germicidal solution that works in partnership with saliva

Merrell
1828
CINCINNATI • U. S. A.

NOW AVAILABLE—Cēpacol Throat Lozenges! These convenient, pleasant-tasting lozenges, dissolved slowly in the mouth, provide a soothing, analgesic solution to relieve the dryness and irritation of sore throat.

1. As shown in laboratory studies. 2. Cēpacol contains an effective germicidal detergent, the quaternary ammonium salt Ceepryn ® Chloride, 1:4000.



fits my x-ray needs to a "T" — and my budget, too! it's a Picker "Meteor"

"I want to be able to screen a chest or an extremity whenever it seems indicated. I want to be able to radiograph a chest as part of every physical examination I make — especially of new patients. I want to be able to fluoroscope and radiograph suspected fractures in the occasional emergency cases that come to my office.

I can do all that and more, *quickly* and *easily* with the Picker 'Meteor.*' Its 15 MA capacity is ample for my needs. I've had no trouble finding room for it, because it doubles as an examination table. It's a *quality* unit, made by Picker X-Ray . . . they're the people who built the Army Field X-Ray Unit we both worked with during the war. And it certainly is easy on my budget . . . cost far less than I thought I'd have to lay out for such fine equipment."

Maybe your situation parallels Dr. Jones' . . . or maybe it's altogether different. In any case, you can depend on the local Picker representative for unbiased advice, because the Picker line is a full line, embracing apparatus in *every* range, for *every* purpose.

*patents pending



it's simple, sure, easy to operate



you change easily from radiography to fluoroscopy (or vice versa)

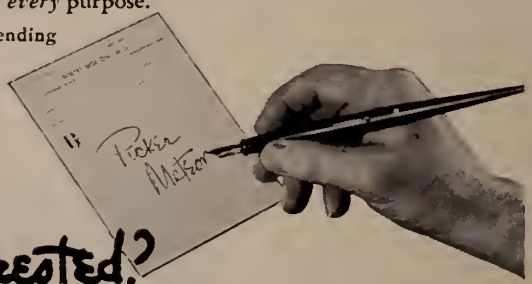


vertical or horizontal (full length of head and torso)

it's low-priced at $1495

and above all, it's

Picker x-ray



interested? just do this

jot Picker "Meteor" on a prescription blank, and send it to us for details. Or, if you prefer, call in your local Picker representative for the story.

PICKER X-RAY CORP.
300 Fourth Ave., New York 10, N. Y.

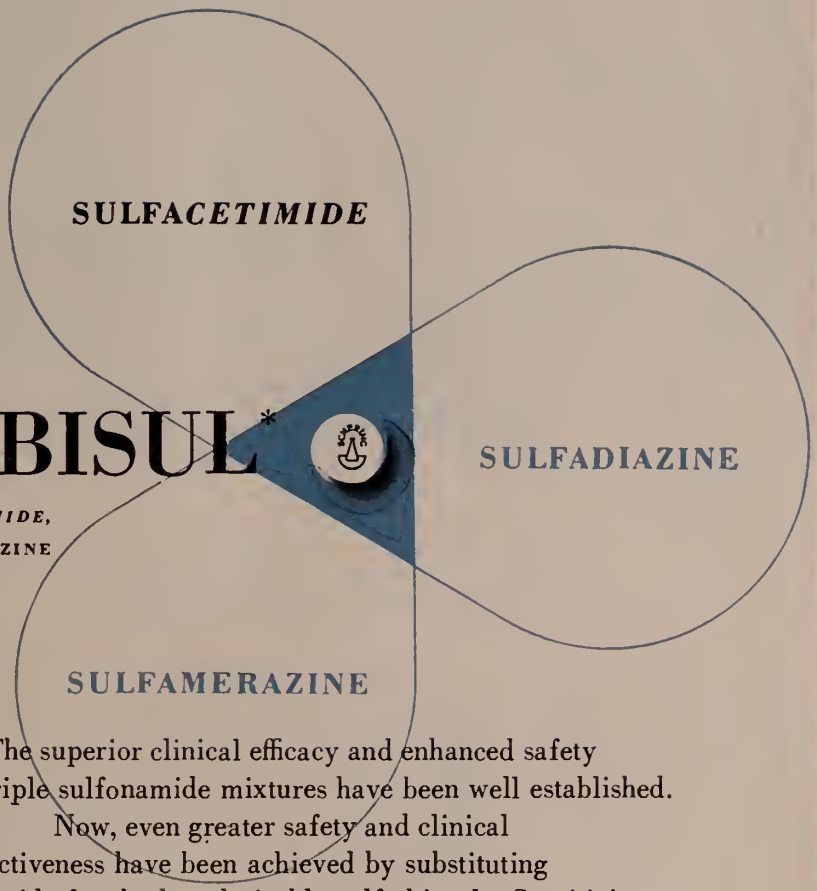
PICKER IN ILLINOIS IS AT 223 W. JACKSON BLVD., CHICAGO 6, (WAbash 2-7475)

and now even greater safety

in sulfonamide therapy

TRICOMBISUL*

A COMBINATION OF SULFA*CETIMIDE*, SULFADIAZINE AND SULFAMERAZINE



The superior clinical efficacy and enhanced safety of triple sulfonamide mixtures have been well established. Now, even greater safety and clinical effectiveness have been achieved by substituting sulfacetimide for the less desirable sulfathiazole. Sensitivity reactions often encountered with sulfathiazole are rarely observed with sulfacetimide.

Lehr[1] states that this new combination is "a highly satisfactory sulfonamide mixture because of its low toxicity, excellent tissue distribution and good therapeutic efficiency."

TRICOMBISUL: Tablets of 0.5 Gm. containing 0.166 Gm. each of sulfa*cetimide*, sulfadiazine and sulfamerazine in bottles of 100 and 1000.

1. Lehr, D.: To be published.
*TRICOMBISUL trade-mark of Schering Corporation

Schering CORPORATION

BLOOMFIELD, NEW JERSEY

TRICOMBISUL



Edema Control

Sustained mobilization and excretion of water and sodium can be obtained with Salyrgan-Theophylline parenteral solution as well as oral tablets. This time-tested mercurial diuretic is highly effective and well tolerated by muscle, by vein and by mouth.

DOSAGE

Parenteral: Initial adult test dose 0.5 cc. Thereafter frequent small doses (daily or every other day). Or a larger dose (up to 2 cc.) at less frequent intervals (once or twice a week).

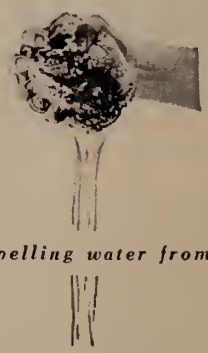
Oral: Average adult dose, 5 tablets after breakfast once a week. Or 1 tablet three or four times daily on two successive days of the week. Maintenance dose, 1 or 2 tablets daily. With continued use, rest periods are recommended; e.g., from three to seven days in every month.

IN CARDIOVASCULAR EDEMA

Salyrgan®-Theophylline

POTENT MERCURIAL DIURETIC

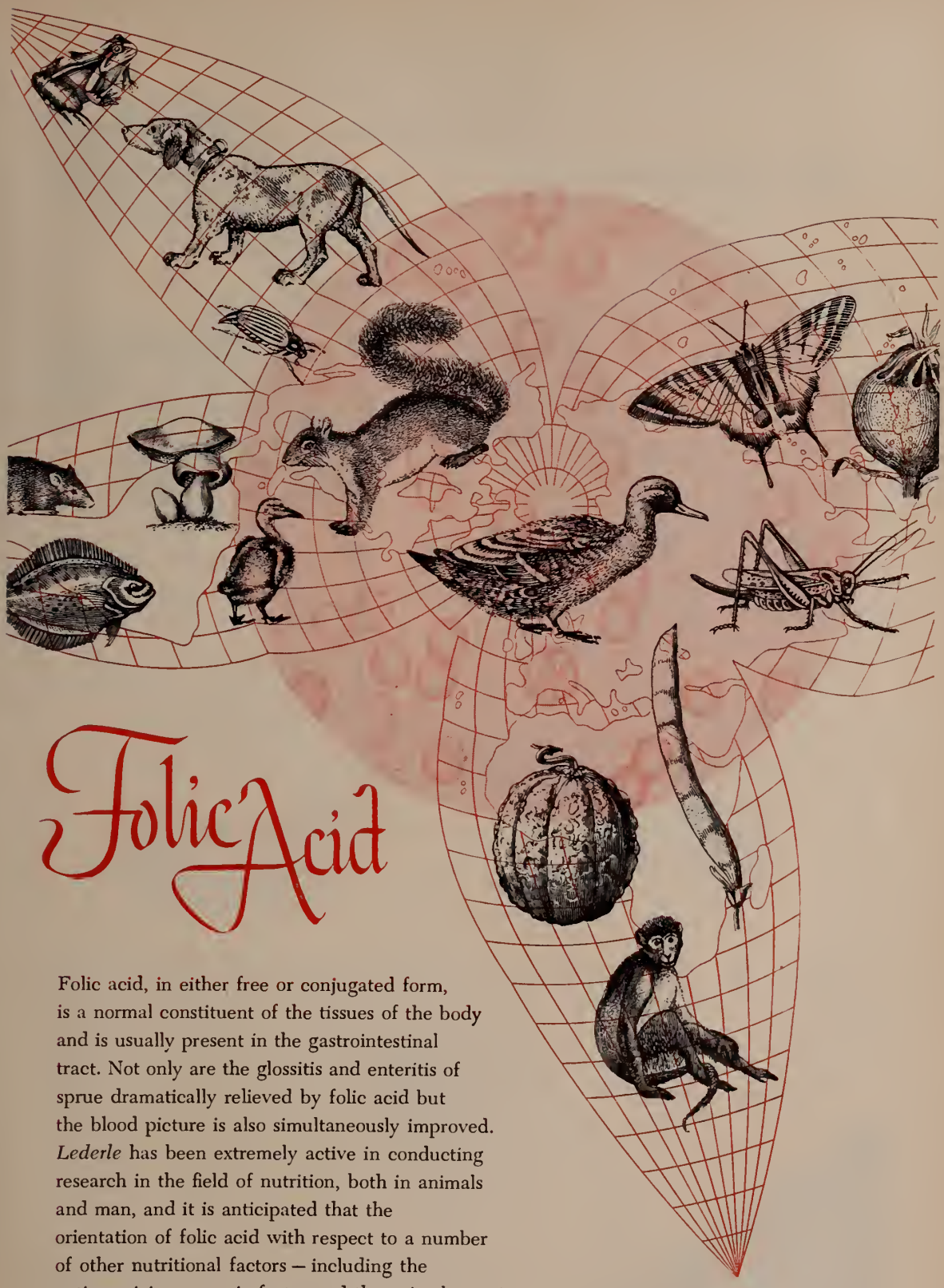
Ampuls (1 and 2 cc.) • Tablets



...like expelling water from a sponge

WINTHROP-STEARNS INC. • NEW YORK 13, N.Y. • WINDSOR, ONT.

Salyrgan, trademark reg. U. S. & Canada, brand of mersalyl



Folic Acid

Folic acid, in either free or conjugated form, is a normal constituent of the tissues of the body and is usually present in the gastrointestinal tract. Not only are the glossitis and enteritis of sprue dramatically relieved by folic acid but the blood picture is also simultaneously improved. *Lederle* has been extremely active in conducting research in the field of nutrition, both in animals and man, and it is anticipated that the orientation of folic acid with respect to a number of other nutritional factors — including the anti-pernicious anemia factor and the animal protein factor — will soon be made clear.

LEDERLE LABORATORIES DIVISION AMERICAN Cyanamid COMPANY 30 Rockefeller Plaza, New York 20, N. Y.

For mixed infections



When a topical antibacterial in liquid form is indicated, Furacin Solution offers this convenience while retaining all the advantages of Furacin Soluble Dressing: a wide antibacterial spectrum including many gram-negative and gram-positive organisms; water-solubility to dissolve in wound exudates; low surface tension to penetrate fissures; non-staining of skin and fabrics; stability. It is being used on wet dressings and as a spray on painful burns. Furacin® brand of nitrofurazone, is available as Furacin Solution (N.N.R.) and Furacin Soluble Dressing (N.N.R.) containing Furacin 0.2%. These preparations are indicated for topical application *in the prophylaxis or treatment of infections of* wounds, second and third degree burns, cutaneous ulcers, pyodermas and skin grafts.

Literature on request.

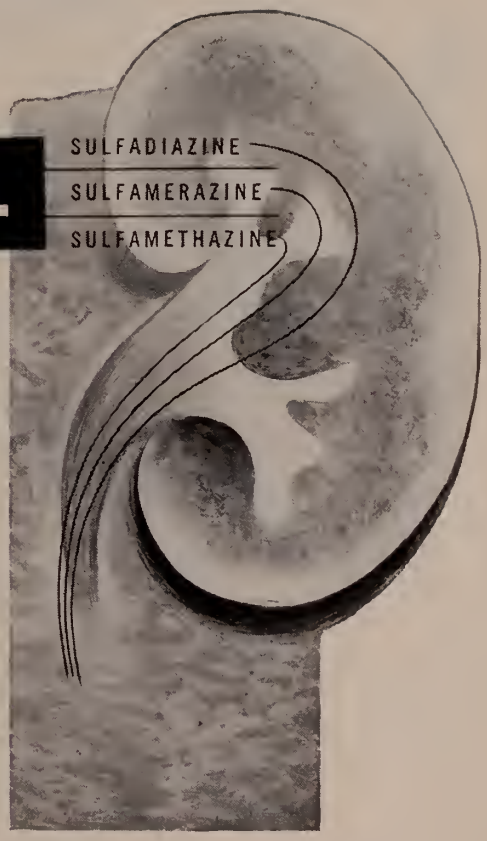
Edocet Experientia

EATON LABORATORIES, INC., NORWICH, N. Y.

New Sulfa Combination...

TERFONYL

for safe sulfonamide therapy

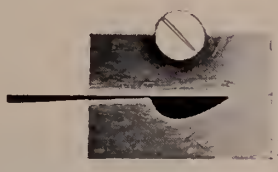


HIGH BLOOD LEVELS

All three components are absorbed and excreted independently. High blood levels can be maintained without kidney concretion and with minimal sensitivity reactions.

WIDE ANTIBACTERIAL RANGE

All three components have a wide antibacterial range and are highly effective in the treatment of pneumonia and other common infections.



0.5 Gm. tablets
Bottles of 100 and 1000

Suspension, 0.5 Gm. per 5 cc.
(pleasant raspberry flavor)
Pint bottles

"TERFONYL" IS A TRADEMARK OF E. R. SQUIBB & SONS

SQUIBB MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858



IN RHEUMATIC FEVER THERAPY

A SIGNAL IMPROVEMENT

Salcedrox permits administration of *adequate* amounts of salicylate without complicating gastric intolerance and with reduced systemic toxicity. It also combats and corrects the frequently associated depressed ascorbic acid blood levels. Thus it markedly enhances the therapeutic efficacy of salicylate medication in rheumatic fever, allied rheumatic states, and whenever salicylates are indicated.

Salcedrox combines in a single tablet:

Sodium salicylate 5 gr.
Aluminum hydroxide gel, dried 2 gr.
Calcium ascorbate 1 gr. (equivalent to 50 mg. ascorbic acid)
Calcium carbonate 1 gr.

Available on prescription through your pharmacy.

THE S. E. MASSENGILL COMPANY
Bristol, Tenn.-Va.
NEW YORK · SAN FRANCISCO · KANSAS CITY

SALICYLATE
PLUS ANTACID
PLUS VITAMIN C

Salcedrox
TABLETS

SEMCO

cough control

point by point

1 *Effectiveness and safety* in the treatment of cough are embodied in BENYLIN EXPECTORANT, a combination of Benadryl® hydrochloride (10 mg. per teaspoonful) with other dependable, non-narcotic remedial agents.

2 *Versatility* is also provided, since BENYLIN EXPECTORANT relieves both coughs due to colds and coughs of allergic origin, and relieves associated congestive symptoms.



3 *Thoroughness of action* attends the use of BENYLIN EXPECTORANT: While combating cough, it fosters the liquefaction and removal of mucous secretions from the respiratory tract; soothes irritated mucosae; relaxes the bronchial tree; diminishes bronchial congestion; and alleviates nasal stuffiness, sneezing and lacrimation.

4 *Palatability* is an important practical advantage. Readily accepted by children as well as adults, BENYLIN EXPECTORANT has a pleasant, mildly tart taste that does not cloy even with continuing administration.

Benylin
Trade Mark
EXPECTORANT

DOSAGE: One or two teaspoonfuls every two to three hours. Children, one-half to one teaspoonful every three hours.

BENYLIN EXPECTORANT contains in each fluidounce:

Benadryl Hydrochloride (diphenhydramine hydrochloride, P. D. & Co.)	80 mg.
Ammonium Chloride	12 gr.
Sodium Citrate	5 gr.
Chloroform	2 gr.
Menthol	1/10 gr.

BENYLIN EXPECTORANT is supplied in 16-oz. and gallon bottles.

PARKE, DAVIS & COMPANY

MEDICAMENTA VERA · P & CO.

In Chronic Hepatitis Hepatic Insufficiency...Cirrhosis

A Better Tasting Choline

The extremely pleasant citrus flavor of Solution Choline Gluconate-C.S.C. overcomes one of the greatest obstacles to prolonged choline therapy. This preparation is exceptionally well rolerated and is readily taken in the prescribed dosage over the prolonged periods usually required in the treatment of chronic hepatic disorders.

Higher Choline Content

Containing 61.7% choline gluconare or the equivalent of 25% choline base, Solution Choline Gluconate-C.S.C. provides more choline than any other preparation available for clinical use. *Adequate* dosage may be given for utmosr therapeutic value. This higher choline concenrration is made possible by the high content of the choline gluconare salt.

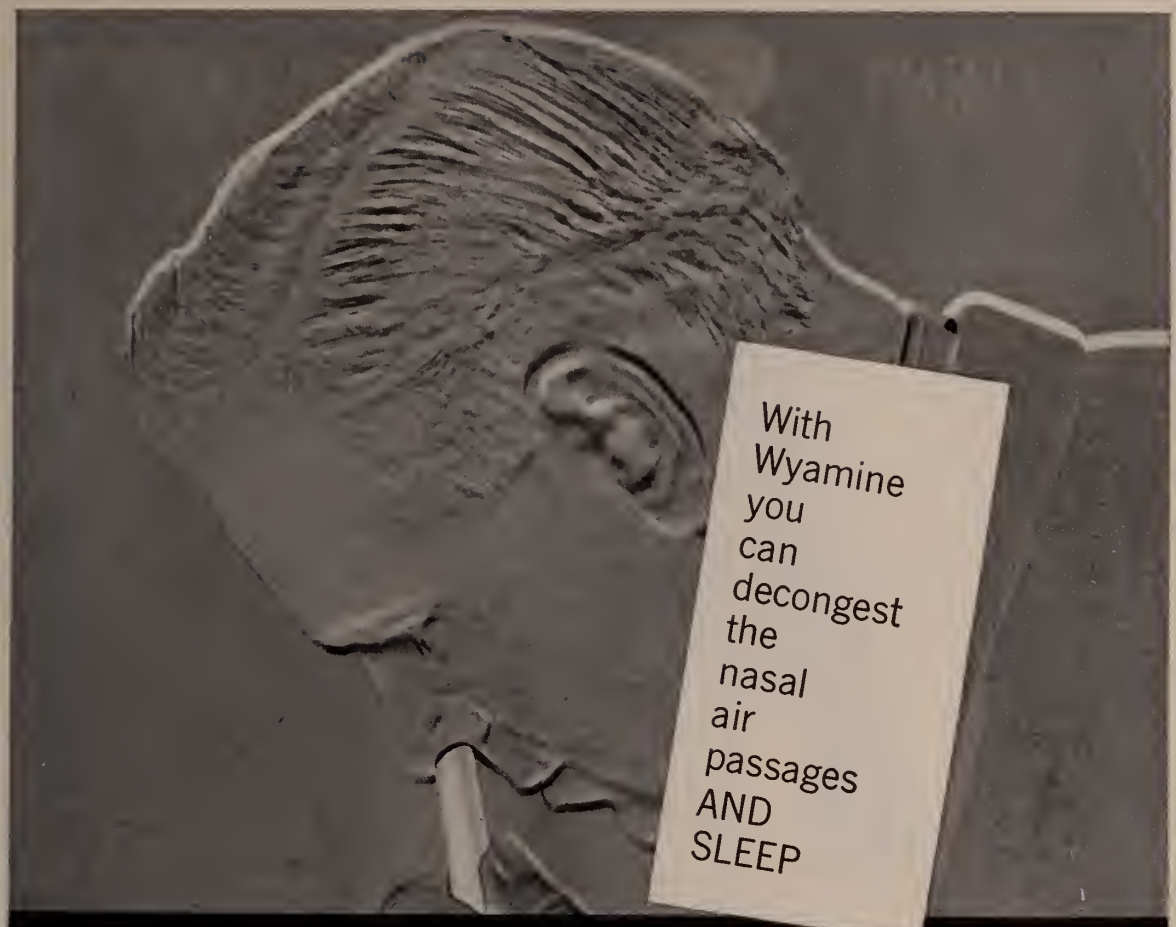
Outstanding Economy

In terms of choline equivalent, Solution Choline Gluconare-C.S.C. offers outstanding value to your patients. This point is of utmost importance since the management of chronic hepatiris, hepatic insufficiency, and cirrhosis of the liver usually involves treatment extending over a period of several months.

Solution Choline Gluconate-C.S.C. is available on prescription in 16 oz. bottles. Because of irs economy, ir is suggested thar the original 16 oz. bortle be prescribed.

Solution **Choline Gluconate** *C.S.C. Pharmaceuticals*

A Division of COMMERCIAL SOLVENTS CORPORATION
17 East 42nd Street • New York 17, New York



WYAMINE®

Mephentermine*Wyeth

Safe to use even at night

**N-methylphenyl-tertiary butylamine*

WYAMINE, either as the volatile base or the water-soluble sulfate, is an effective new vasoconstrictor, possessing several important advantages. It produces a local vasoconstriction approximately equal to that of ephedrine, but its action is very rarely attended by returgescence, or by nervousness, excitability or insomnia.

Four convenient Dosage Forms:

WYAMINE INHALER

WYAMINE-PENICILLIN CAPSULES *for Preparation of Nasal Solution*

SOLUTION WYAMINE SULFATE

SOLUTION WYAMINE-TYROTHRICIN

Use with dropper or **JETOMIZER®**

Wyeth®

WYETH INCORPORATED • Philadelphia 3, Pa.

PATIENT under TREATMENT

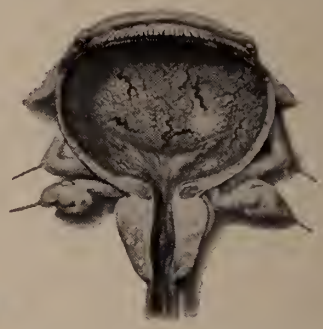


ENJOYS

Gratifying Relief

from distressing

URINARY SYMPTOMS



Distressing symptoms of urinary tract infection such as urinary frequency, pain and burning on urination can be relieved promptly in a high percentage of patients through the simple procedure of administering Pyridium orally.

With this easy-to-administer and *safe* urinary analgesic, physicians can often provide their patients with almost immediate relief from distressing urinary symptoms during the time that other therapeutic measures are directed toward alleviating the underlying condition.

Pyridium is virtually nontoxic in therapeutic dosage and can be administered concomitantly with streptomycin, penicillin, sulfonamides, or other specific therapy.

The complete story of Pyridium and its clinical use is available on request.

PYRIDIUM®

(Brand of Phenylazo-diamino-pyridine HCl)

MERCK & CO., Inc. RAHWAY, N. J.

Manufacturing Chemists

In Canada: MERCK & CO., Ltd. Montreal, Que.



Pyridium is the trade-mark of the Pyridium Corporation for its Brand of Phenylazo-diamino-pyridine HCl. Merck & Co., Inc., sole distributors in the United States.



now, better relief with...

a distinctive, new, non-narcotic antitussive-expectorant

At last, something really new in cough syrups . . . something completely rational . . . clinically sound . . . Robitussin 'Robins'. Robitussin employs glyceryl guaiacolate and desoxyephedrine hydrochloride, in a palatable aromatic syrup vehicle.

Glyceryl guaiacolate has proven an effective aid to expectoration, and a cough ameliorator with prolonged action, through its increase in and thinning of respiratory tract fluid;[1,2,3] yet it has no ill effect upon digestion.[1]

Desoxyephedrine's sympathomimetic action is also well recognized[4,5,6]: by relaxing spasm of the bronchial musculature and helping maintain normal respiratory smooth muscle tone, it greatly minimizes the provocation of cough from spasm.[5] At the same time it affords relief from psychic depression or a feeling of fatigue.

The syrupy vehicle, with its aromatic volatile oils, has a local demulcent effect. Furthermore, it assures patient cooperation by providing a base which makes Robitussin one of the most palatable of all antitussive-expectorants.

You will find Robitussin 'Robins' an exceptionally efficient, safe, therapeutic tool in the management of cough—for both adults and children.

Robitussin

Robins

rationally formulated!

clinically proved!

FORMULA: Each 5 cc. (1 teaspoonful) of Robitussin contains:
Glyceryl Guaiacolate . . . 100 mg.
Desoxyephedrine Hydrochloride . . . 1 mg.
In a palatable aromatic syrup.

DOSAGE: Children: one-half to one teaspoonful, according to age, three or more times daily. Adults: one or two teaspoonfuls, as necessary every two to three hours.

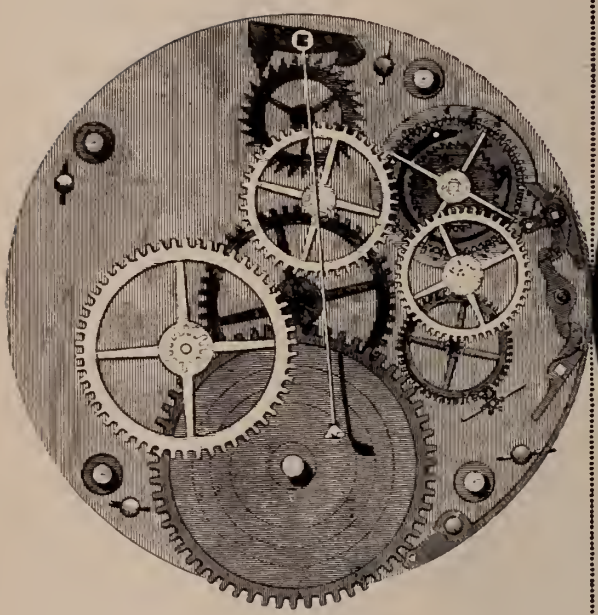
SUPPLIED: Pint and gallon bottles.

REFERENCES: 1. Connell, W. F. et al: Canadian Med. Assoc. J., 42:220, 1940. 2. Perry, W. F. and Boyd, E. M.: J. Pharm. Exper. Ther., 73:65, 1941. 3. Stevens, M. E. et al: Canadian Med. Assoc. J., 48:124, 1943. 4. Foltz, E. E. et al: J. Lab. Clin. Med., 28:603, 1943. 5. Graham, B. E.: Ind. Eng. Chem., Ind. Ed., 37:149, 1945. 6. Schulz, F. and Deckner, S.: Klin. Wochschr., 21:674, 1942.

ROBITUSSIN—For *Rational* Cough Management

A. H. ROBINS COMPANY, INC.
RICHMOND 20, VIRGINIA
Ethical Pharmaceuticals of Merit since 1878

Facilitating Bowel Movement





Agoral* plain

'WARNER

AGORAL* PLAIN 'WARNER' is a specially processed, thoroughly homogenized emulsion of mineral oil, an agar gel, tragacanth, acacia, and egg-albumen. The homogenized emulsion mixes freely with the intestinal contents helping to form and maintain a soft mass. In addition, AGORAL* PLAIN provides lubrication which facilitates passage of the feces through the intestinal canal.

AGORAL* PLAIN is particularly useful in cases in which intestinal irritants or cathartics are contraindicated or not required. AGORAL* PLAIN has a mild, non-irritating, gentle action. Anal seepage, a usual occurrence with mineral oil and mineral oil emulsions, does not occur with AGORAL* PLAIN.

AGORAL* PLAIN has a pleasing taste and may be taken undiluted or mixed with water, milk, or fruit juices.

AGORAL* PLAIN is indicated in all conditions where acute or chronic constipation must be corrected without strain—pregnancy, cardiovascular diseases, old age, and postsurgical convalescence.

AGORAL* PLAIN 'WARNER' is available in bottles of 16 fluidounces.

William R. Warner & Co., Inc.
NEW YORK ST. LOUIS

*T. M. Reg. U. S. Pat. Off.



PROVED

UNDER ACTUAL PRACTICING CONDITIONS

BENZEDREX INHALER

SO MUCH BETTER THAT WE HAVE DISCONTINUED BENZEDRINE* INHALER

Our new BENZEDREX INHALER was tested by rhinologists in controlled studies for more than two years. Reports were unanimously enthusiastic.

Nevertheless, to make absolutely certain that BENZEDREX INHALER was the best volatile vasoconstrictor ever developed we decided to test it with a large segment of the medical profession under actual practicing conditions.

We therefore replaced 'Benzedrine' Inhaler with BENZEDREX INHALER in the entire state of California. Now, after more than a year's use, California physicians tell us that they and their patients find BENZEDREX INHALER the best inhaler they have ever used.

BENZEDREX INHALER has exactly the same agreeable odor as 'Benzedrine' Inhaler, but gives even more effective and prolonged shrinkage, and does NOT produce excitation or wakefulness.

*'Benzedrine' (racemic amphetamine, S.K.F.) and 'Benzedrex' T. M. Reg. U. S. Pat. Off. Each Benzedrex Inhaler is packed with 1-cyclohexyl-2-methylaminopropane, S.K.F., 250 mg.; and aromatics.

SMITH, KLINE & FRENCH LABORATORIES, PHILADELPHIA, PA.

NOW

available in 10-cc Vials

DI-PRO®

'Organon'

The original 2-day treatment for secondary amenorrhea



Di-Pro 'Organon', the original 2-day treatment for functional secondary amenorrhea of less than 2 years' duration, is now available in 10-cc multiple-dose vials to afford you greater convenience and economy. Each vial contains sufficient Di-Pro for 5 of your patients, for a complete course of treatment is only 1 cc injected on 2 successive days.

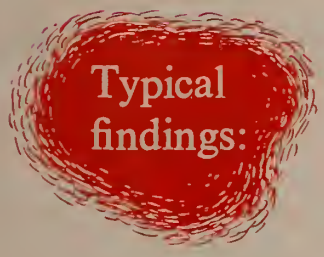
Di-Pro offers you many advantages. It shortens the duration of treatment of secondary amenorrhea to 2 days, reduces the number of injections from about 13 to 2, obviates the possibility of anterior pituitary inhibition, minimizes discomfort to your patient, and reduces greatly the cost of treatment—especially now that it is available in economical 10-cc vials. Moreover, you may start Di-Pro therapy at any time; you need not calculate a hypothetical cycle. You'll find that a 1-cc injection of Di-Pro for 2 successive days usually provokes uterine bleeding 72 to 120 hours after the second injection. Of course, pregnancy and also nonendocrine etiologic factors, such as constitutional disorders and local pelvic lesions, should be ruled out before instituting therapy. Each cc of the new Di-Pro vials contains 2.5 mg. of Dimenformon Benzoate (α-estradiol benzoate) and 12.5 mg. of Progestin (progesterone).

ORGANON INC. · ORANGE, N. J.

"The increases in hemoglobin were . . .

dramatic . . . rapid . . ." [1]

Independent controlled investigations continue to confirm the greater effectiveness and better tolerance of molybdenized ferrous sulfate (Mol-Iron) in the treatment of iron-deficiency anemia.



"We have never had other iron salts so efficacious . . ." [1]

"More rapid . . . response than ferrous sulfate" [2]

"A true example of potentiation of the therapeutic action of iron." [3]

"Generally well tolerated . . . even in iron-intolerant patients . . ." [4]

1. Dieckmann, W. J., and Priddle, H. D.: American J. Obstet. & Gynec. *57*:541-546 (March) 1949.

2. Chesley, R. F., and Annitto, J. E.: Bull. Margaret Hague Maternity Hospital *1*:68-75 (Sept.) 1948.

3. Healy, J. C.: Journal-Lancet *66*:218-221 (July) 1946.

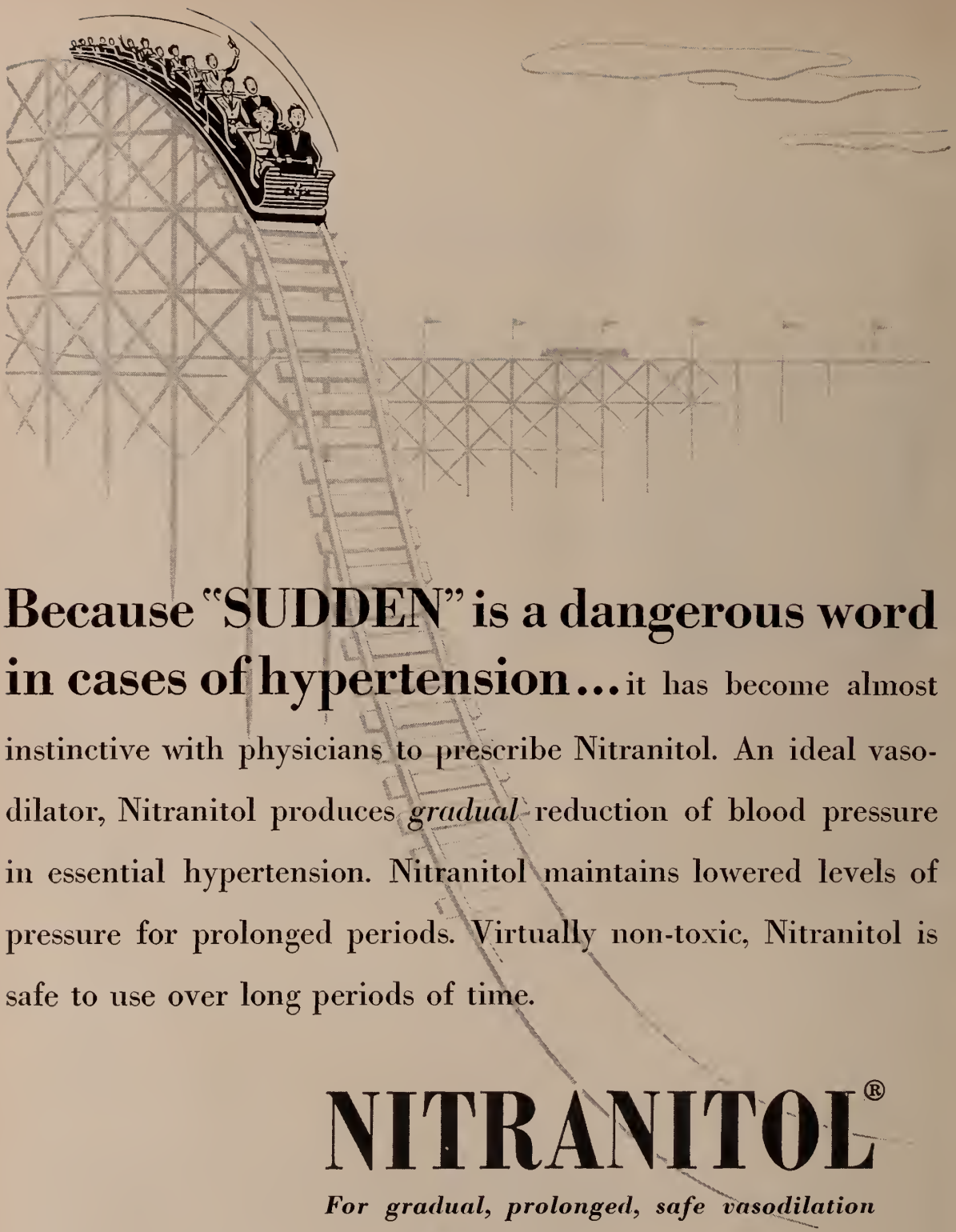
4. Kelly, H. T.: Pennsylvania M. J. *51*:999 (June) 1948.

White's **Mol-iron** *Tablets, Liquid*

MOLYBDENIZED FERROUS SULFATE

—a specially processed, co-precipitated, stable complex of molybdenum oxide 3 mg. (1/20 gr.) and ferrous sulfate 195 mg. (3 gr.). Recommended adult dosage: 2 Tablets, t.i.d. Available in bottles of 100 and 1000 tablets and in a highly palatable Liquid, in bottles of 12 fluid ounces.

White LABORATORIES, INC., Pharmaceutical Manufacturers, Newark 7, N. J.



Because "SUDDEN" is a dangerous word in cases of hypertension... it has become almost instinctive with physicians to prescribe Nitranitol. An ideal vasodilator, Nitranitol produces *gradual* reduction of blood pressure in essential hypertension. Nitranitol maintains lowered levels of pressure for prolonged periods. Virtually non-toxic, Nitranitol is safe to use over long periods of time.

NITRANITOL®

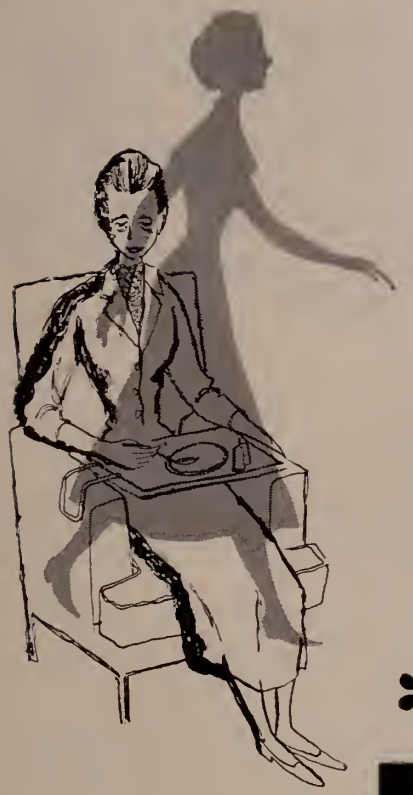
For gradual, prolonged, safe vasodilation

Merrell
1828
CINCINNATI • U. S. A.

When sedation is desired. *Nitranitol with Phenobarbital.* (¼ gr. Phenobarbital combined with ½ gr. mannitol hexanitrate.)

For extra protection against hazards of capillary fragility. *Nitranitol with Phenobarbital and Rutin.* (Combines Rutin 20 mg. with above formula.)

when more than iron is needed...



1 One IBEROL Tablet t.i.d. provides therapeutic amounts of the blood-building and nutritional elements needed in secondary and nutritional anemias, as well as for prophylaxis in pregnancy, old age and surgical after-care. IBEROL is not recommended in pernicious anemia, but is an effective adjunct to liver injection.

2 Two subcoatings seal in the liver odor, and an outer sugar-coating covers the iron taste. By using the ferrous sulfate itself as one of the two subcoatings, the IBEROL Tablet is moderate in size and easy to swallow. Patients appreciate this pleasant, concentrated dosage form.

3 Three IBEROL Tablets furnish the recommended daily dosage of elemental iron, plus generous amounts of folic acid, other B vitamins and ascorbic acid. IBEROL Tablets are available through pharmacies in bottles of 100, 500 and 1000. ABBOTT LABORATORIES, North Chicago, Ill.

IBEROL®

(Iron—Vitamin B Complex—Liver Fraction, Abbott)

Three IBEROL Tablets supply:

FERROUS SULFATE, U.S.P. 1.05 Gm.
(representing 210 mg. elemental iran, the active ngredient far the increase af hemoglabin in the treatment of iron-deficiency anemia.)

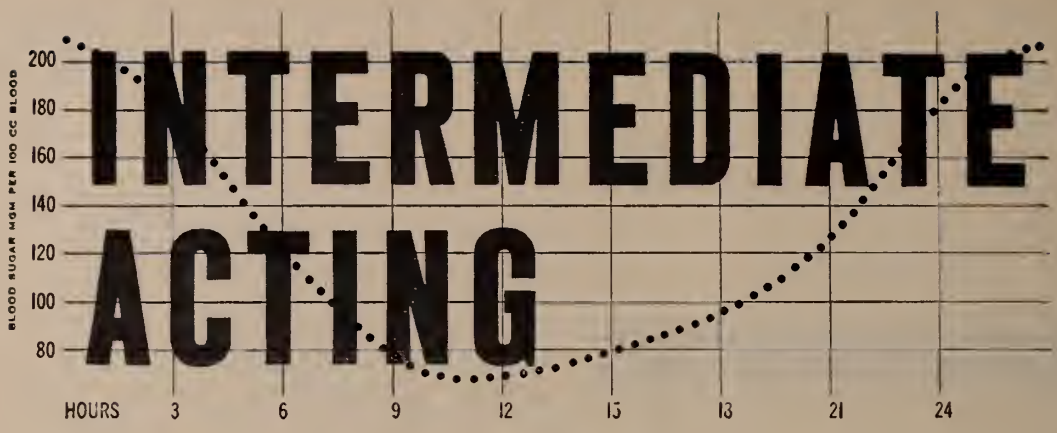
plus these nutritionol constituents:

Folic Acid 5.1 mg.
Thiamine Hydrochloride 6 mg. (6 x MDR*)
Ribaflovin . . 6 mg. (3 x MDR*)
Nicatinamide 30 mg. (1½ x RDA†)
Ascorbic Acid 150 mg. (5 x MDR*)
Pyridoxine Hydrochloride 3 mg.
Pantothenic Acid 6 mg. (as Calcium Pantathenate)
Liver Fraction. 1.5 Gm. (boiling water extract)

*Minimum Daily Requirement.
†Recammended Daily Dietary Allawance.

NEW... For the Iberol formulo *without* folic acid, specify MACRON* Tablets. Avoilable everywhere in bottles of 100, 500 ond 1000.

*TRADE MARK



INTERMEDIATE ACTING

GLOBIN INSULIN

'B.W.& CO.'

...was developed to fill the "need for an insulin with activity intermediate between that of regular insulin and that of protamine zinc insulin."[1]

IN 1939, Reiner, Searle and Lang described a new "intermediate acting" insulin.

IN 1943, after successful clinical testing, the new substance was released to the profession as 'Wellcome' brand Globin Insulin with Zinc 'B.W. & Co.'

TODAY, according to Rohr and Colwell, "Fully 80% of all severe diabetics can be balanced satisfactorily"[2] with Globin Insulin 'B.W. & Co.'—or with a 2:1 mixture of regular insulin: protamine zinc insulin. *Ready-to-use* Globin Insulin 'B.W. & Co.' provides the desired intermediate action without preliminary mixing in vial or syringe.

In 10 cc. vials, U-40 and U-80.



'B.W.& CO.'—a mark to remember

1. Rohr, J.H., and Colwell, A.R.: Arch. Int. Med. 82:54, 1948.
2. ibid Proc. Am. Diabetes Assn. 8:37, 1948.

BURROUGHS WELLCOME & CO. (U.S.A.) INC. Tuckahoe 7, New York









Liver Plus Stomach = Red Blood Cells

Liver-stomach concentrate was discovered and evaluated in the Lilly Research Laboratories. It was given the trade-mark name 'Extralin' (Liver-Stomach Concentrate, Lilly). To this date it stands out as a most effective oral treatment for pernicious anemia. Twelve Pulvules 'Extralin' per day will produce a standard reticulocyte response in previously untreated cases in relapse. The same dose will maintain the blood picture of the average uncomplicated case at normal levels. Neurological involvement is prevented. When neural symptoms are present, progression is promptly arrested. For cases in which oral antipernicious-anemia therapy is indicated, specify Pulvules 'Extralin.' 'Extralin' may be prescribed alone or as a supplement to injectable liver extract.



Lilly

ELI LILLY AND COMPANY, INDIANAPOLIS 6, INDIANA, U.S.A.



A 15" x 12" reproduction of this illustration by Harold Anderson is available upon request



COMING: THE GERIATRICIAN





Increasing longevity is prima-facie evidence of medical progress. However, as more people grow older, physicians are confronted with an ever-increasing number of clinical problems which arise out of the aging process. It is no longer fantastic to assume that geriatrics will someday take its place at the opposite pole from pediatrics as a full-fledged specialty practice.

Diseases of the heart, kidney, and blood vessels, pernicious anemia, diabetes mellitus, cancer, and other conditions which strike most frequently after middle age have engaged a large share of the time and thought of Lilly research workers. Crystalline digitoxin, liver extract, liver-stomach concentrate, and Insulin are but a few of the important contributions in which Eli Lilly and Company has shared. Perfecting existing preparations, as well as searching for answers to unsolved problems, keeps teams of scientists busy at the Lilly Research Laboratories. Practical developments are made available to the medical profession wherever ethical pharmaceutical and biological products are sold.

Lilly

LILLY SPECIALISTS SERVE THE MEDICAL PROFESSION

The ILLINOIS Medical Journal

Official Journal of the Illinois State Medical Society

Harold M. Camp, EDITOR. Theodore R. Van Dellen, ASSOCIATE EDITOR.

EDITORIAL BOARD — James H. Hutton, Chairman, Frederick H. Falls, Josiah J. Moore, Edwin M. Miller, Chauncey C. Maher, Harry Culver, Walter Stevenson, Raymond W. McNealy, Arkell M. Vaughn.

Vol. 96, No. 6 December, 1949

ANDY HALL — OUTSTANDING GENERAL PRACTITIONER

On Sunday, October 30, a special secret committee carefully considered twenty two applicants for the designation as outstanding general practitioner for the State of Illinois. Andy Hall of Mt. Vernon was selected for this honor. Doctor Hall will be the Illinois candidate to be presented to the A. M. A. House of Delegates at the interim session to be held in Washington, December 6-9. He will also be given signal honors at the 1950 annual meeting of the Illinois State Medical Society which will be held in Springfield, May 23-25.

Andy Hall, the son of Colonel Hiron W. and Julia McLean Hall, was born on a farm in Hamilton County, Illinois, January 8, 1865. His father served in the Mexican War, and commanded an Illinois regiment during the Civil War. His mother's family gave to Illinois the United States Senator after whom McLean County was named. He was the eighth child in a family of nine. His early education was obtained in a one room, log school house, later in the McLeansboro public schools, the Northern Illinois Normal and Dixon Business College.

He entered the Medical School of Northwestern University, from which institution he was graduated in 1890. Following graduation, he located at Mt. Vernon, where he has resided since, and has enjoyed a very extensive practice throughout the years. He was truly a horse and buggy doctor, and when road conditions were such that the use of a buggy was impossible, he rode on a horse, and even made many calls in bad weather on foot. On one occasion he walked more than 30 miles in one day making his city and country calls.

On January 1, 1892, Doctor Hall was united in marriage to Miss Anna Laura Glazebrook, who was then a teacher in the Mt. Vernon public schools. To this union three sons were born, all of whom are physicians. Doctor Hall was elected mayor of Mt. Vernon in 1897, but when the Spanish American War was declared in 1898, he resigned as mayor, and entered the medical corps of the United States Army, serving as Major and Surgeon in the 9th Illinois Cavalry, accompanying that unit to Cuba. When he was mustered out, he again returned to his practice in Mt. Vernon.

Five weeks later he received a telegram from the Surgeon General requesting him to accompany the volunteer Army to the Philippine Islands during the insurrection. Leaving Mrs. Hall, a three year old son and the eleven months old baby, he again closed his office and started for Manila. He remained in service until 1901, when he again reopened the office in Mt. Vernon. Two years later, a nephew, Dr. Charles W. Hall,

formed a partnership with him, which continued for 36 years.

When World War I was declared, both Dr. Andy and Dr. Charles volunteered, closed their office and entered the Medical Corps of the United States Army. He was assigned to duty at the Base Hospital at Camp Upton, where he remained on the surgical staff until the Armistice was signed. Doctor Hall returned to Mt. Vernon where he alone worked for one year until the nephew returned from Europe, and the old partnership was resumed. Later, Doctor Hall's son, Marshall W. Hall, joined them, and under the name of Hall, Hall, and Hall, they built up a lucrative general, surgical and obstetrical practice.

In 1929 Doctor Hall was appointed Director of the Illinois Department of Public Health, he being the first "down-state" physician to be so honored. For four years he devoted full time in the effort to give the State of Illinois the best health record ever recorded to that time. During his administration the State Sanitary Water Board came into existence, and the Health Department was given supervisory powers over public water supply and sewage disposal systems. Other laws for which he aided in their promotion were those clarifying the duties of coroner in regard to the signing of death certificates, and raising the standards of public health nurses.

He also initiated two important projects relative to trachoma and undulant fever. A searching survey elicited the information that there were more than 400 active cases of trachoma in Southern Illinois, and more than 200 of these were hospitalized in the effort to save their vision and restore their health. A state committee was appointed to combat the threatening rise of undulant fever, and a program based upon a detailed epidemiological study of the disease in Illinois was instituted. During his term as Director of the Department of Public Health, Doctor Hall delivered between 400 and 500 public addresses in all parts of the state.

In 1933 Doctor Hall resigned as Director of the Department of Public Health, and returned to Mt. Vernon, and again became the head of the "Hall, Hall and Hall" office. In 1939 Dr. Charles W. Hall's health was impaired, and he withdrew from the firm. When World War II was declared, Dr. Marshall Hall volunteered, and entered the Medical Corps of the U. S. Navy,



Andy Hall

serving 3½ years in the Mediterranean and African campaigns and then in the Pacific. He was discharged at the end of the war with the rank of Commander. During this period, the firm of "Hall, Hall and Hall" was reduced to one, Doctor Andy carrying on in the large office, which formerly had three physicians. He was chairman of the Medical Board of Appeals for the 29th District, taking time out for this important function.

In 1946 Doctor Hall was given the Mt. Vernon Civic Award, for "Outstanding and Distinguished Community Service". He was always interested in medical society work, and for many years was secretary of the Jefferson-Hamilton County Medical Society. He actually missed only two annual meetings of his state medical society in more than 40 years and only because he was in service during the wars. For 19 years he was a member of the Council of the Illinois State Medical Society, and on several occasions refused to consider higher offices within the Society, which he could unquestionably have had, if he desired them.

He was the first, and to now, the only chairman of the Fifty Year Club Committee, and he

has personally presented many dozens of the certificates and emblems to men who have completed fifty years of service, and have been inducted into the Society's Fifty Year Club. Since the beginning of this interesting work more than 11 years ago, there have been 650 Illinois physicians so honored. This being a pioneer venture on the part of the state medical society, during the past two or three years, quite a number of other state societies have been similarly honoring their members who have completed fifty years of practice. The annual luncheon meeting of this club is always conducted under the sponsorship of Doctor Hall.

Doctor Hall was president of the Mt. Vernon Township High School Board for eight years, and has been intensely interested in all educational endeavors. He is a Fellow of the A. M. A., charter member of the American Legion, member of the Illinois State Medical Society, the Veterans of Foreign Wars, and is now the Department Surgeon of the United Spanish American Wars Veterans. He is a Baptist, and a Mason, being a Knight Templar.

Doctor Hall's three sons are all physicians. Dr. Marshall is associated with his father, Dr. Andy Jr. is a "G. U." specialist in St. Louis, and Dr. Wilfred a Colonel in the Regular Army, and a Flight Surgeon in the United States Air Corps. Although nearly 85, Dr. Hall is still carrying on, and has no intention of retiring, his interests still being in the general practice of medicine in addition to his work in industrial medicine and surgery. He drives his own car daily, and still is willing to make night calls. He rarely takes a vacation, but is a firm believer in hobbies, and during the quail season, with his dog tramps the hills and hollows seeking that wary bird, and frequently has but little difficulty in getting the legal limit. He is also a confirmed fisherman, and can be found on the banks of a stream in season, with his rod and reel, or in a boat on a lake where he can find bass or crappies.

The Illinois State Medical Society has selected a man who is eminently qualified as its outstanding general practitioner, and has submitted his name to the American Medical Association as the Illinois candidate for the national honor.

THE A. M. A. INVESTIGATION

In October the Board of Trustees of the American Medical Association issued an interesting statement, which went immediately to all state medical societies, and was later published in the J. A. M. A. Since this release was sent out, we were informed that some six other medical societies had been added to the list of those to be investigated, and perhaps at this time some others have been informed that their activities will be likewise investigated. The release from the A. M. A. is as follows:

"The Board of Trustees of the American Medical Association today issued a public statement protesting the use of a police arm of the government — namely the anti-trust division of the Department of Justice — in a campaign to discredit American medicine and terrorize physicians into abandoning their opposition to compulsory health insurance.

The statement revealed that 16 state and county medical societies, and other medical organizations, including the A. M. A. itself, have been made the targets for investigations by the anti-trust division of the Justice Department during the past 30 days.

The medical groups suddenly brought under investigation, it was announced, include the following.

American Medical Association, New York State Medical Society, Utah State Medical Association, Washington State Medical Society, Arkansas Medical Society and the Oklahoma State Medical Association, Michigan Medical Service, a Blue Shield Prepaid Medical Care Plan, and the Arkansas Blue Cross Shield Plan, Los Angeles County Medical Society, California, Beckham County Medical Society, Oklahoma, Wayne County Medical Society, Michigan, Harris County Medical Society, Texas, King County Medical Society, Washington, and the New York County Nassau County and Queens County Medical Societies in New York State.

The A. M. A. Statement follows:

"This is an official statement of the Board of Trustees of the American Medical Association, protesting the use of a police arm of the government — namely, the Anti-Trust Division of the Department of Justice — in a campaign to discredit American Medicine and terrorize physi-

cians into abandoning their opposition to compulsory health insurance.

"The A. M. A. has opened its records to the Justice Department, without reservation, and medical societies throughout the country undoubtedly will do likewise, but we intend to keep the public fully informed of developments, as we are convinced that these are not bona fide anti-trust investigations, and that the American people will not tolerate police state methods in this country.

"We would be naive, indeed, if we ignored the political implications of this sudden rush of investigations, attacking medical societies, at a time when the administration is doing its utmost to stifle opposition to its proposed system of government-controlled medical care.

"This scheme, it is specifically provided, would be a government monopoly, to which every citizen would be compelled to contribute, and which would destroy all the hundreds of voluntary health insurance systems which now provide prepaid health care for more than 61,000,000 of the American people.

"Certainly it will be a travesty on justice if the Anti-Trust Division of the Department of Justice can be used to silence opposition to the creation of a government-trust in medicine.

"The American people, we believe, will hardly think it a coincidence that these anti-trust investigations should be ordered at this time — after there have been repeated threats that medical groups would be 'investigated' because of their opposition to socialized medicine.

"The chronology of events, since the American Medical Association decided to make a nationwide campaign against compulsory health insurance, and in behalf of voluntary health insurance, is, we believe, of real significance.

"In November, 1948, the A. M. A. at its midwinter meeting voted to collect funds from its members to finance a campaign of public education on this issue. A public announcement was made to that effect.

"Only a month later, in December, agents of the Department of Justice called on the Chicago Medical Society, seeking to check the Society's records in connection with an alleged anti-trust investigation.

"During the February session of the Board of Trustees of A. M. A. in the early hours of February 10, the board room was broken into and records of the Board were thoroughly seached by persons unknown. Brief cases of the trustees, left in the room, were also searched. Entrance was gained through a window. The facts indicate this was a search for information, rather than an ordinary burglary. Certainly no friends of medicine would take this means of obtaining medical data.

"A few weeks later, toward the end of February, administration leaders began threatening medical societies and medical men with 'investigation' as part of their campaign to discredit and intimidate the medical profession. Since then, there hasn't even been much attempt to disclaim the political nature of these investigations.

"On February 28, 1949, for example, one of the national press associations carried a dispatch from Washington quoting government officials as stating that anti-trust actions would be started against 'several' medical societies soon after the compulsory health insurance drive was started in Congress.

"The implication was plain that the 'investigation' would be part of the administration's campaign for its socialized medicine scheme.

"The threats made then are now realities. An epidemic of 'investigations' aimed at medical societies and voluntary medical care plans, has broken out in widely separated states and cities all over the country.

"We want it clearly understood that we believe this attack on the medical profession stems from the Anti-Trust Division of the Justice Department and political string-pullers who have exerted influence on that agency. We believe it to be an outrageous abuse of public power which far transcends in gravity the issue of compulsory health insurance, vital as that issue is.

We recognize that politically-motivated attacks have been made on many other groups by this division of the government, and we invite their cooperation with American medicine in an effort to alert the American people to the seriousness of this trend toward police state methods. If the police arm of the government is used to intimidate doctors and others, and this abuse of power goes unchallenged, it may next be used to terrorize publishers or grocers, farmers or lawyers, Catholics, or Jews, or any other minority in the nation."

It is quite obvious that these investigations will not terrorize physicians throughout the country into abandoning their opposition to compulsory health insurance. Since the release was issued in October, there have been literally hundreds of news paper editorials and articles, calling attention to their readers of this movement on the part of the Department of Justice, and most likely the reactions have in a way been responsible for many American people in their respective home communities to have a different attitude concerning the work of American physicians and their many efforts to aid suffering humanity in times of sickness or accident.

"BY APPOINTMENT ONLY"

Keeping office hours is an important part of the practice of medicine. They can be pleasant when well organized and hectic when everything is in a state of confusion. It is needless to say that better work is accomplished when everything is running smoothly. This is important in this day and age when the medical profession is being scrutinized as never before.

Opinions vary as to the relative merits of taking each patient in turn or by appointment only. Many physicians selected the appointment system on the theory that it adds prestige without realizing that they might do better if they used the other method. It means working on a rigid schedule and those who do not have the ability or inclination to do this will do better work if they abandon the idea. In other words, the type of office hours depends to a great extent upon the personality of the physician and not his type of practice.

There are many advantages to the appointment system. The patients are spaced to avoid waiting and the physician knows in advance how much work lies ahead. It also helps during vacation periods and when time off is needed for conventions. It is indispensable for those who allow an hour for each consultation and for those with a small practice who have outside work to do.

But these advantages are offset easily by several uncontrollable factors. A short visit puts the physician ahead but after a long consultation he is behind. The schedule also is upset by emergencies and by those who "sneak" in to ask one question but stay long enough to discuss a dozen. Sooner or later the appointments lag behind; the physician is upset and so are the patients. To wait an hour to see a physician is not unusual but to wait an hour after making an appointment is another matter. It ends so often with no one taking appointments seriously.

In our opinion, the appointment system should be selected if the physician can work on schedule; otherwise, he should just hold hours. A decision is in order because it leads to the practice of better medicine.

HOW BROAD THE CARDIAC'S HORIZON?

The long range outlook and the prospects of a useful and livable existence for individuals with heart disease, irrespective of type, has changed amazingly in the past two decades — and changed for the better!

The explanation for this desideratum is probably a combination of earlier and better diagnosis, new and more effective therapy, and finally the judicious readjustment of cardiacs to a twentieth century world.

To mention only a few of the more common forms of heart disease in chronological order which have either become "reversible" or at least rendered compatible with life and living, we must begin with the congenital types, some of which are now being completely corrected surgically.

Rheumatic heart disease, while certainly not on the decrease, is being treated more adequately than in the past, and accordingly the end results are more favorable. It is interesting to note in this respect that just recently, committee appointed by the Chicago Heart Association recommended that children with compensated rheumatic hearts can probably be as adequately taken care of in the special rooms of the general schools of the Chicago Public School System with a bit more supervision than, as previously, in special cardiac schools. Children with rheumatic heart disease, at least the greater percentage of them, with carefully moderated lives, can now look forward to maturity, and even senility.

Acute and subacute bacterial endocarditis, which a few short years ago, were synonymous with a most unfavorable and limited "outlook" and a high mortality rate, are not found to respond satisfactorily to prodigious and sustained dosages of penicillin.

Auricular fibrillation only a few years ago was considered an acute phase of heart muscle decompensation. We now look upon it as chronic

or long termed. If due to an hyper active thyroid influence, the management is simple, and frequently reversible; if on the other hand it is part and parcel of senile cardiac changes, it too is commonly brought under control with proper therapy and management, so that the "horizon" for this vast horde of cardiacs has been broadened materially.

Syphilitic heart disease deserves a brief mention. Due to earlier diagnosis and more effective treatment of syphilis in its primary stage, we now encounter syphilitic heart disease much less frequently. It is relatively rare, as a matter of fact, to find a syphilitic aneurysm.

We are told, and it is roughly true, that approximately two out of five people in the old age group, that is, in the seventh, eighth and ninth decades of life, die of arteriosclerotic coronary disease. It is a fact that heart disease is by far the most common of all terminal diseases. This is understandable. Human life is growing longer and longer, and human beings are growing woefully old, and the one organ most commonly responsible for their ultimate end is the heart.

And yet it is in this very type of heart disease that the cardiac's horizon has broadened so tremendously in the past few decades. In the first place, we no longer believe the individual with angina pectoris is having pain or distress due to a spasm of his coronary vessels, but we are convinced the mechanism and background for this coronary complex is definite coronary pathology. Accordingly, this type of patient is now being treated more sanely and adequately, resulting in a markedly decreased mortality rate. As for the individual with acute coronary occlusion with massive infarction, his mortality rate and his life's expectancy have been altered radically.

The vast majority of people with acute coronary occlusion with infarction, if diagnosed early, and treated adequately, are rehabilitated and returned to a useful existence. The outlook for old people with acute and chronic coronary disease is improving constantly, so that the cardiac's horizon has been broadened to a degree constituting in the not too distant future an economic and social problem.

Robert S. Berghoff, M. D.
Clinical Professor of Medicine,
Stritch School of Medicine of
Loyola University

THE DOCTOR LOOKS IN THE MIRROR

Times have changed, they say, in the care and treatment of the sick. Indeed they have, Doctor: this has been a great era in medicine. Life's span has increased thirty years since you started practice, many wonder drugs have been discovered and many diseases have been removed from the class of incurables. Hospitals, magnificent in architecture, have been constructed and the departments there in are scientific to the Nth degree. Scholastically requirements for oncoming doctors have been steadily increased for the public good. Through it all the ideals of the profession have never wavered and still remain as of old: what can I do to alleviate the pain and suffering of humanity? Because of the steady progress in the field of medicine and because the attitude of the profession has remained unchanged in the field of its fundamental ideals more people have recourse to and receive good scientific medical treatment than ever before in the history of man. In this, my country, medicine has gained a stature beyond comparison in the world.

Why then this tumult of criticism of my profession? Why the hue and cry of an unsatisfied minority for the destruction of the present House of Medicine? What have I done to deserve this treatment? What have I left undone to merit this castigation? Is it that I do not give my patients enough attention? Are my charges exorbitant? I can answer these questions in the negative. What then can be the reason? I think, Doctor, that my fellow practitioners and I have kept abreast in our chosen profession but we have allowed the rest of the world to pass us by. How about our interest in civic problems? What do we do about fulfilling our obligations in the field of politics? Are we interested and informed in the field of labor relations? What concern have we shown in the problems of the farmer? Have I listened to the leaders of my county, state, and national medical organizations in their suggestions as to the best means of combating compulsory health insurance or have I said "Let George do it."? Hitherto I have prided myself on my individualism, it seems a natural impulse for physicians to be individualistic without giving thought to the potentialities of the group to which they belong. Proponents of government

medicine are aware of this and find it useful in their attempts to take over the field of healing.

What have I done about promoting good public relations? Unless I become a vital force in my community I shall definitely lose my cherished individualism within the next several years. Our public relations have been woefully inadequate and in some instances decidedly childish. I stress public relations for the reason that I have done so little to maintain a pleasant, wholesome relationship with my fellowman but have remained complacent in my ivory tower where I have devoted myself to the scientific aspects of my profession and closed my eyes to the demands of the whole man. I have assumed that the world will continue to pay homage to my profession despite my failure to share in the obligations imposed on all citizens of a free country. I seem blind to the fact that other agencies such as insurance companies, labor unions, and cooperatives have been pre-empting for themselves more and more of my domain. I have been oblivious to the fact that the public, over a period of years, has been skillfully propagandized to question the integrity and ability of the very men who have devoted their lives to making this the healthiest nation in the world. Even our severest critics concede that in times of crisis the doctor gives freely and selflessly of his time, learning, and strength, therefore I must as honestly admit that outside my chosen field of medicine I can be easiliy imposed upon. If I expect to continue the practice of medicine unhampered by political administrators I will have to come out of my ivory tower, scrap my aloofness and fight for the things I believe in. If I desire freedom I must be willing to struggle for it, I must become militant for the good of the humanity I have sworn to serve.

Robert E. Fitzgerald, M.D., Milwaukee, Wis., as published in the *Wisconsin State Medical Journal.*

Tuberculosis is preventable and eradicable. In the United States it causes one death every nine minutes. Illinois needs 3000 additional sanitarium beds.

INTER-PROFESSIONAL DINNER AND FORUM

The Education Committee of the Rock Island County Medical Society sponsored an unusually interesting dinner meeting, which was held at the Fort Armstrong Hotel, Rock Island, Friday evening, November 11. With 180 present, there were representatives of many groups — the clergy, bar, the dental society, hospital administrators, educational system, organized labor, pharmacists, insurance, the press and radio, chiropodists, Chamber of Commerce, morticians, veterinarians, associated industries, nurses alumni association, Farm Bureau, P. T. A., Rock Island and Scott County (Iowa) County Medical Societies and the Woman's Auxiliary.

Following a fine dinner, three speakers were heard. As representatives of the medical societies, Drs. Percy E. Hopkins and Harold M. Camp told of the work along the line of medical public relations, and of the state medical society in bringing to the public information concerning proposed legislation in Washington. It was shown that the primary interests of the medical profession today are those as citizens of the United States, and efforts were made to show that we in this country are following closely the pattern of Britain where the first steps toward a social state began some forty years ago.

The principal address of the evening was made by Joseph H. Hinshaw, a Chicago attorney who is an officer of the Illinois Bar Association, and chairman of their committee on public relations. The subject, "The Doctor, the Lawyer and Socialized Medicine" was presented in a most interesting way by the speaker who emphasized in no uncertain terms the development of socialistic and ultimately communistic trends in this country which if not checked, would remove another from the present small list of major countries having a system of free enterprise and a true democracy.

Following these presentations, a question and answer period was scheduled, with Dr. David B. Freeman as moderator. Quite a number of interesting questions had been handed in to the moderator, and the speaker to whom the questions were referred gave the answers. Dr. P. P. Youngberg, as chairman of the Educational Committee of the Rock Island County Medical Society was chairman for the meeting, and de-

serves much credit for arranging this interesting affair.

It was the opinion of many who attended the meeting that similar meetings should be held in all parts of the state, and in other states as well. Mr. James C. Leary, Director of the Illinois State Medical Society Bureau of Public Relations, was present, and he aided materially in the selection of the speakers and subjects as presented.

Other county medical societies desiring to conduct a meeting of this type should get in touch with Mr. Leary who will render all possible assistance in making suitable arrangements. The address for Mr. Leary is 185 North Wabash Avenue, Chicago 1, Illinois.

ANTICOAGULANT THERAPY

This long term (anticoagulant) therapy has posed many problems. First of all the patient usually is standardized in the hospital with daily prothrombin tests for several weeks. During that time their idiosyncracies to dicumarol are studies. They then are placed on daily maintenance doses and report to the office weekly for a blood prothrombin time estimation. At that time their daily dose is prescribed for the following week. In this manner, patients, who would otherwise be invalids, have been able to carry on their occupation and their social activities.

Excerpt, The Use of Anticoagulants in the Treatment of Diseases of the Heart and Blood Vessels with Special Reference to Long Term Anticoagulant Therapy, William T. Foley, M.D., New York, The Journal of the Missouri State Medical Association, September, 1949.

CARCINOMA OF THE VULVA

Carcinoma of the vulva is one condition which will become of greater significance as the life expectancy increases inasmuch as it occurs most frequently in the sixth or seventh decade. Histologically it is, of course, a skin cancer but its malignant potentiality is great because of the rich lymphatic drainage in this area. The lesion is usually found on one or another of the labia or close to the clitoris. This form of cancer ranks fourth in frequency of malignant conditions of the female genital tract, cervical, fundal and ovarian carcinoma being more frequent.

Excerpt, Carcinoma of the Vulva, Committee on Control of Cancer, Kansas Medical Society, The Journal of the Kansas Medical Society, September, 1949.

MEDICAL ECONOMICS

The Medical Economics Committee. Chauncey C. Maher, Chmn., Hubert L. Allen, Emmet B. Bay, Edwin F. Baker, Carroll Birch, Thomas C. Browning, Roland R. Cross, James Graham, George Halperin, Edwin S. Hamilton, Ford K. Hick, Edwin F. Hirsch, May McDonald Milligan, Marie Wessels, Walter M. Whitaker, Holland Williamson.



Consultations in Obstetrics

Maternal deaths have reached an all time low in the state of Illinois. In the past ten years the mortality rate has dropped from 5.0 to 0.8 per 1,000 live births. This remarkable improvement in the clinical management of childbearing women has been attributed to many factors. Patients report to their physicians at an early stage of the pregnancy, pre natal care is more thorough, and the physician is better educated in the care of obstetrical problems. Over ninety per cent of the deliveries now take place in hospitals. Blood is usually available in adequate amounts. Antibiotics are used in a wise and judicious manner. However most observers agree that the greatest factor in this improvement has been the availability and prompt use of consultation with an experienced obstetrician as soon as the patient's condition is recognized as an abnormal one.

Yet the stillbirth and neonatal death rate has not been greatly lowered during the past ten years. This fact is important and suggests that proper consultation is still not used often enough or soon enough.

If the answer to maintaining this improvement in maternal welfare and the lowering of our stillbirth rate is better obstetrics then we must study the causes of delay in consultation and seek or eradicate them.

One may argue that frequent consultation is not the answer to better obstetrics, but that each physician must improve his obstetric art. Yet there is no question that one already skilled in this art can give the better service to the patient. His skill must be available at all times. With modern communication and transportation no community today need be without the services of an experienced accoucher.

Some believe that all obstetrical cases should be handled only by those who are specially trained in obstetrics. This is an impractical idealism. General physicians not only continue to care for the great majority of patients but should do so. Obstetrics has always been the foundation of a family practice. Pre-natal care offers the opportunity to the physician to learn all about the physical, mental, socio-economic, and philosophical qualities of this family unit, to institute preventive medical care, and encourage proper living.

If proper consultation is the key to better obstetrics then we must inquire as to methods of

improving this relationship between physician and obstetrician. Certainly economics, personal idiosyncrasies and egocentricities, and a lack of understanding as to personal motives are the basic causes of these conflicts that should be eliminated. The failure of physicians, obstetricians, and hospital authorities to aid in this problem has led to unfortunate circumstances in which it was necessary to ask for the power of the local Board of Health to force consultation and obstetrical aid upon the practitioner. The necessity of this was at first deplored by many, and regretted by all who love freedom of thought and action. Yet in the city where this program was instituted, the results speak for themselves. Many lives have been saved because of these established rules, and all doctors now commend this vigilant attitude of the health authorities. But force should not be needed among intelligent men in progressive communities. We should be willing and able to solve or own problems. Those of obstetrical consultation merely demand an objective study by those concerned.

The obstetrical specialist must be willing to offer his services at all times with or without financial compensation. He must enter into this consultation in a spirit of humility, realizing that he is not in any sense a greater human than the man calling for help, but that he is needed only because of his knowledge and skill in this particular field. His first principle then is to further increase the confidence of the patient and the patient's family in their physician. This must be done at all times by both word and action. Errors of diagnosis, judgment, and management that may have been made before the specialist appears on the scene should never be discussed at this time. The present state of affairs alone is to be considered and the prognosis and management carried on from that point.

Too often precious time, effort, and energy are spent in talking about what should have been done, rather that what is to be done.

Once the specialist has been called in to see an obstetrical patient he must follow through in command of the case. In most instances this can and should be tactfully done from the sidelines, so that the relationship of the doctor to his patient is not disturbed. This demands not only tact and diplomacy on the part of the consultant, but his desire to help the patient and his colleague must overshadow any desire of immediate fame or credit in handling a case. Thus examination during labor and help at delivery can be given to the practitioner in a calm friendly spirit. The specialist should always present his decision in management to the physician and then offer to perform any necessary operative steps. When objections are raised the consultant again must be diplomatically effective in persuading the doctor into wanting him to follow through.

Every physician in general practice realizes that operative obstetrics is a skilled art and that problems of abnormal obstetrics call for the judgment of tremendous experience. Thus he should have no fear of early consultation in all his troublesome cases providing that his consultant follows the wholesome ethical practices just mentioned. The only burden upon the physician is to recognize an abnormal obstetrical state and to call for proper help. The remainder of the problem falls on the specialist and it is undoubtedly ethical mistakes by the latter that have given the physician a bad taste; leading to delay in obtaining help in future cases often to the unfortunate detriment of the patient. Realizing one's limitations in surgical skill and judgment are certainly important.

It is up to the practitioner to see that his consultant is properly compensated for his work after free discussion with the patient's family. The consultant should be open minded and willing to serve without fee in all necessary instances, and his fee should always be dependent upon the character of the services rendered and the patient's ability to pay. No bills should be given to the patient until the amount has been discussed with the doctor.

Once the problem in management or the operative emergency is over, the specialist should retire to the sidelines and observe the future progress of the patient only by study of the record or by communicating with the doctor. All follow up visits are to be made only by the doctor in charge. The specialist should never emphasize his work in the case to the patient, but always that of the patient's doctor.

When the advice of the specialist as to judgment or operative procedure is not deemed correct by the physician calling for aid, then if agreement as to the better policy can not be made after a thorough friendly academic argument, a second consultant should be called. Should

his advice agree with that of the first specialist, the physician should accept the dictum and the first specialist then proceed. If the advice of the second consultant differs from that of the first, then the first should retire from the case and allow the second consultant to take charge.

It is a bad reflection on our character when outside authorities such as lay hospital superintendents, and board of health officials are forced to set the rules of obstetric conduct. We physicians must be the leaders in improving maternal and child welfare. This writer is only a neophyte in the consultation field, and these words of advice as to coduct are totally unnecessary for many individuals and institutions. But to all interested in better obstetrics it is obvious that the obstetrician must realize that he has often made errors in procedure, and likewise the general physician must realize his need of the obstetrician.

Again there is no question but that the best way to solve existing difficulties over present local consultation practices is for both specialist and physician to get together on a friendly basis and discuss these difficulties openly and frankly. The best place to do so is always the meeting of your local medical society. The greatest benefit of the local medical society is the social gathering of physicians in all branches to solve their problems in a spirit of friendship, tolerance, and understanding. J. R. W.

DOCTOR CITES LIMITATIONS OF TUBERCULOSIS VACCINE

BCG vaccination against tuberculosis as now advocated appears to be a rather puny weapon against the disease, says a Veterans Administration doctor.

Protection with the harmless, man-made BCG vaccine cannot be expected to succeed where natural vaccination with living, virulent human tuberculosis germs already has failed, Dr. E. M. Medlar of Sunmount, N. Y., points out in the Oct. 29 Journal of the American Medical Association.

BCG vaccine is a preparation for prophylactic inoculation against tuberculosis. It consists of living bovine tubercle bacilli that have been grown over a period of many years so that their virulence is greatly reduced.

Great numbers of people receive a "natural vaccination" by contracting a slight infection from other human beings, Dr. Medlar explains.

"In adults over 40 years of age, both minimal pulmonary tuberculosis and deaths from tuberculosis are caused in large part by reinfection after a previous infection has healed.

"It is extremely doubtful that artificial vaccination can produce results superior to natural vaccination, and yet natural vaccination fails to control the disease.

"It is suggested that greater emphasis be given to the major problem in tuberculosis—unrecognized tuberculosis and that due to reinfection in adults over 40 years of age. An effective solution to this problem would make the use of prophylactic measures in youth unnecessary."

A social worker found four families living in one room. Chalk marks quartered the room for each family. "How have you been getting along?" she asked. "Purty good," was the reply, "until the old lady over there in the far corner got to takin' in roomers."

STATE DEPARTMENT OF PUBLIC HEALTH

Deep X-Ray Facilities in Downstate Illinois, 1948

G. Howard Gowen, M.D., Ph.D.
Chief, Division of Cancer Control
Illinois Department of Public Health
Springfield

It is accepted that radiation therapy alone or in combination with surgery is one of the basic therapeutic measures employed in the treatment of cancer. In a cancer program, therefore, cognizance of the availability and degree of accessibility of such facilities assumes paramount importance. In our attempt to secure such information for Downstate Illinois we found that this data was not available in any printed or summarized form. Because we felt that there should be some tabulation of such facilities we set out to secure this information through the medium of a survey.

Questionnaires were sent to 133 hospitals registered by the American Medical Association and located outside Chicago. One hundred and thirty replies were received. In the tabulation of the findings the hospitals were divided as under 50 beds, 50 to 99 beds and 100 beds and over. For further comparison there was a breakdown according to Northern, Central and Southern thirds of the State. Based on the 1948 estimates the population of the Northern third of the State outside of Chicago is 2,162,145, the Central third 1,647,162 and the Southern third 1,103,260.

Table I gives a breakdown of the hospitals surveyed by bed capacity. In regard to the institutions with a bed capacity under 50 there is fairly even distribution but when it comes to larger bed capacities the Southern part of the State is not on an equitable basis.

There are 44 certified radiologists in Illinois outside Chicago. Since most of these serve more than one area or institution we have attempted to bring this out in Table 2 in terms of units of service rather than merely the number of individuals performing the service. By radiologist units of service, we mean the number of different locations served by the 44 certified radiologists. The column *full-time hospital* indicates those

Table 1.
NUMBER OF HOSPITALS SURVEYED

District	Under 50 Beds	50-99 Beds	100 or More Beds	Total
Northern Third	15	13	32	60
Central Third	18	13	19	50
Southern Third	10	5	5	20
Downstate Total	43	31	56	130

Table 2.
RADIOLOGIST UNITS OF SERVICE

District	Full Time (Hospital)	Part Time (Hospital)	Radiological Private Practice	Total
Northern Third	13	34	11	58
Central Third	13	20	9	42
Southern Third	2	6	1	9
Downstate Total	28	60	21	109

who are the resident radiologists at the hospitals concerned. They may also be doing part-time work elsewhere. The column *part-time hospital* indicates the number of hospitals that have radiologists on a non-resident basis. The column *private radiological practice* indicates those who own and operate their equipment or who operate equipment as part of a clinic or group practice. Some of these serve part-time in neighboring hospitals.

Table 3 gives the number of hospitals with full-time radiologists according to bed capacity and district distribution. Table 4 gives the same information for hospitals with part-time radiologists. It is of course obvious that there is an overlapping of personnel in Tables 3 and 4. Chart I gives this same information by counties.

Table 5 shows the distribution of deep x-ray therapy equipment. Only those x-ray machines with a minimum of 200 kv are classed as satisfactory for deep therapy.

Although the prime purpose of our survey related to deep x-ray equipment, we coincidentally secured information in regard to available radium. Our interest centered in those hospitals owning radium since any hospital may of course rent radium as needed or may purchase radon. Table 6 gives this information.

Table 7 shows the availability of qualified radiologists and deep x-ray therapy equipment per thousands of population.

Table 3.
HOSPITALS WITH FULL TIME RADIOLOGISTS

District	Under 50 Beds	50-99 Beds	100 or More Beds	Total
Northern Third	0	0	13	13
Central Third	0	1	12	13
Southern Third	0	1	1	2
Downstate Total	0	2	26	28

Table 4.
HOSPITALS WITH PART TIME RADIOLOGISTS

District	Under 50 Beds	50-99 Beds	100 or More Beds	Total
Northern Third	6	10	18	34
Central Third	5	8	7	20
Southern Third	0	2	4	6
Downstate Total	11	20	29	60

Table 5.
DISTRIBUTION OF DEEP X-RAY THERAPY EQUIPMENT

District	No. of Counties Having Equipment	No. of Machines Owned by Hospitals	No. of Machines in Doctors' Offices	Total No. of Machines
Northern Third	12	34	11	45
Central Third	12	20	9	29
Southern Third	4	4	1	5
Downstate Total	28	58	21	79

Table 6.
DISTRIBUTION OF RADIUM

District	Private Clinic	Hospitals Having Radium on Hand	Average mgms. per Institution	Total Milligrams
Northern Third	0	7	72.5	507.5
Central Third	1	8	103.3	930.0
Southern Third	0	2	159.5	319.0
Downstate Total	1	17	97.6	1756.5

Table 7.
RADIOLOGICAL FACILITIES IN PROPORTION TO POPULATION

District	Radiologists	Deep X-Ray Therapy Equipment
Northern Third	1 per 108,107	1 per 48,047
Central Third	1 per 82,358	1 per 42,234
Southern Third	1 per 275,815	1 per 220,652
Ave. — Downstate	1 per 111,649	1 per 62,184

CHART I

DISTRIBUTION OF RADIOLOGIST UNITS OF SERVICE BY COUNTY, DOWNSTATE ILLINOIS, 1948



Northern
Central
Southern

No local service

CHART II

DISTRIBUTION OF DEEP X-RAY EQUIPMENT AND RADIUM BY COUNTIES, DOWNSTATE ILLINOIS, 1948



Northern
Central
Southern

No local facilities

Numerals	Number of pieces of equipment
R	Radium available

Chart II shows the distribution of deep x-ray equipment and radium by counties.

Discussion.

In analyzing the various assembled data one thing is glaringly apparent. Radiological facilities and service in the Southern third of Illinois are not comparable with those in the middle and upper thirds. The population of the Southern third of the State is of about half that of the Northern third, yet the ratio of registered hospitals is only 1 to 3, the ratio of radiologist units of service 1 to 6, and the ratio of deep x-ray equipment is 1 to 9. Just as obvious a deficit exists when one compares the same items between Southern third and middle third; namely 1 to 2.5, 1 to 5 and 1 to 6.

As might be expected full-time radiological service is usually associated with the larger hospitals of 100 beds or over. This is equally true insofar as owning radium is concerned.

If radium is to be kept on hand, the American College of Surgeons recommends that there be a minimum of 150 milligrams in suitable applicators. Five hospitals maintain 150 milligrams or more and meet these recommendations. One hospital has 120 milligrams and five others have 100 milligrams each. The others have varying amounts less than 100 milligrams.

For Downstate Illinois the cancer death rate for 1948 based on estimated population was 153.28. Using the calculation that there are approximately four cases of cancer for every death the case rate would be somewhere in the region of 600 per 100,000 population. Using the same estimated population for 1948, there would be a radiologist rate of about 4 per 100,000. This would mean there would be one radiologist for approximately each 150 cases of cancer including cancer of the skin which requires less time for therapy. Between 40 and 50 per cent of the cases of cancer need some form of radiological treatment. Therefore, there would be one radiologist for about every 75 cases of cancer needing radiation. In most instances a radiologist does not confine his efforts to radiation therapy alone but also does diagnostic roentgenology. His day is arranged so that about half of it is devoted to radiation therapy. Allowing approximately one-half hour per patient, this would permit the treatment of about 8 patients per day. Taking an average of about 3 weeks per patient a radiologist should be able to handle about 130 cases of cancer per year. It would appear that the overall radiologist service potential is well in excess of the present demand. In some parts of Downstate it would seem to be rather a question of accessiblity than availability.

The joint Federal, State and Local hospital construction program will do much to correct the deficiencies in the areas concerned. In Southern Illinois as part of this program there are three new potential centers for deep x-ray therapy. One hospital is under construction and the other two are in the final planning stages. The actual presence of the equipment of course is not the final answer. There must be qualified radiologists to operate the equipment. With the improvement of hospital facilities, however, there should be more incentive for such individuals to locate in these areas.

Chicago and St. Louis being medical centers there has been and still is a flow of patients in those directions. Some of this flow has been voluntary and some has been due to referral of local physicians. The ability of these areas to care for patients, particularly those who cannot afford medical care, has reached the saturation point. The only Illinois hospital providing free care for Downstate patients without funds is the Research and Educational Hospital of the University of Illinois in Chicago. The number of beds available for cancer patients is quite limited. This hospital draws patients from the upper two-thirds of Illinois and an area along the Southeastern border of Illinois. St. Louis draws patients from the central and western part of Southern Illinois as might be expected since it is closer to this area. Most of these patients apparently go to the Barnard Free Skin and Cancer Hospital and to the Barnes Hospital. Both of these hospitals have out-patient departments.

It has been our feeling for some time that patients are being sent to these institutions who could have been treated satisfactorily locally. There have probably been two reasons to account for this: (1) lack of knowledge of local facilities and (2) it is easier to refer a patient to such an institution than to attempt to secure medical care funds locally. In any event the result has been the overloading of these institutions, the development of long waiting lists and a resultant delay in making treatment available. We do not know the details of the type of case referred to St. Louis but we do have the information as far as the Research and Educational Hospital is concerned. In all probability the findings would be similar. From January 1, 1948 to December 31, 1948 there were 88 cases of cancer outside Cook County that were referred to the Tumor Clinic, Research and Educational Hospital. In analyzing these cases it would appear that about one-fourth of the cases could have been treated locally with radiation. If special surgical technique is required it is understandable why a patient would be referred to the Research and Educational Hospital. When it is a question of radiation, however, in general there is no reason why the patient could not be treated at the nearest point where the service is available. This would be more satisfactory for all concerned. If the patient is without financial means there are three agencies where aid may be secured — Township

Supervisor, Old Age Assistance and Division of Vocational Rehabilitation. These agencies can pay for the patient's treatment at the selected hospital.

It is hoped that through this survey we can create greater familiarity on the part of the physician with what local facilities actually exist for the radiation treatment of cancer and that it will cut down the number of times patients are sent unnecessarily long distances for this form of therapy. Also it is hoped that this will aid to cut down the burden now being borne by those institutions to which these patients are now being sent.

SUMMARY

1. The findings resulting from a survey of radiological facilities in downstate Illinois have been presented.

2. Apparently the overall potential is greater than the demand.

3. In some areas, notably the Southern third, these facilities are not easily accessible.

4. The joint Federal, State and Local hospital construction program should help those areas in which deficiencies are present.

USE THE AMMUNITION FURNISHED YOU

If the medical profession of America values its personal freedom, each doctor must fight against passive acceptance of the "status quo." It is our duty to the American people, and to ourselves, to protect our system of free enterprise.

To do this, we must get the truth before the people.

The National Education Campaign of the American Medical Association has provided material which can be of tremendous value to us in our struggle to reject Compulsory Health Insurance.

Don't delay any longer. Fill out the coupon below and put this excellent material to work for our cause.

Please check items and note quantity desired.
Then mail to:
Dr. Harold M. Camp, Secretary
Illinois State Medical Society
Monmouth, Illinois

Quantity

☐ Question and Answer pamphlet "The Voluntary Way is the American Way" _____

☐ Illustrated Folder, "Your Medical Program — Compulsory or Voluntary?" Reception room and mail enclosure piece _____

☐ "Compulsory Health Insurance — A Threat to Health — A Threat to Freedom!" Basic speech in pamphlet form _____

☐ "The Doctor," 19″ x 20″ color reproduction of Fildes painting, for office display _____

☐ "The Doctor," 35″ x 35″ blowup of Fildes painting, for large public display _____

NAME: _____

STREET ADDRESS: _____

TOWN: _____

CORRESPONDENCE



COST OF CARE FOR POLIO PATIENTS

To the Editor:

There have been many inquiries recently regarding the arrangements for covering the cost of care for poliomyelitis patients. There are a number of factors which will be of interest to your readers.

During 1949 a poliomyelitis incidence of unprecedented size (more than 37,000 stricken since January 1) has put serious financial strain upon the National Foundation for Infantile Paralysis. For the first time in its eleven year history it was necessary to conduct a Polio Epidemic Emergency Drive which although very helpful did not entirely meet current needs.

In its avowed purpose to lead, direct and unify the national fight against infantile paralysis the National Foundation undertook support of research and education, for in these areas lie the ultimate hope for eradication of poliomyelitis. These programs are not to be compromised in any way.

The greatest cost to the National Foundation, however, is payment for medical care to patients. It is urgent for all physicians to assist in the institution of measures which will reduce costs without prejudice to patients. The chief costs are for hospitalization. Many poliomyelitis patients are hospitalized when they can be cared for at home at a reduced cost.

Our experience in this year's epidemic which has spared virtually no part of the country suggests the following:

1. Abortive, nonparalytic and mildly paralytic poliomyelitis patients are being hospitalized in the mistaken idea that the stated period of isolation must be spent in the hospital.

2. Overly prolonged hospitalization is frequent. This is particularly true of the paralytic patient who has achieved maximum improvement from daily physical therapy. Home care with periodic office or clinic visits is then in order.

3. There still exists in some places a general attitude that poliomyelitis is a bizarre disease which only a few physicians can manage. This is not so. It is disturbing, for example, to find physicians leaning so heavily upon the guidance of physical therapists and nurses. The physician's assessment of the total patient is the best index in determining when a patient shall leave hospital to receive home, office or clinic care.

4. Patients hospitalized on general ward services are not charged medical fees ordinarily. When patients are hospitalized in isolation wards for poliomyelitis, however, bills for medical fees are at times submitted. Payment is frequently made by the local chapters of the National Foundation whose treasuries are now generally depleted.

It is hoped that your readers will understand clearly how urgent is our need for cooperation from all practicing physicians in the matters mentioned above.

Sincerely yours,
Hart E. Van Riper, M. D.
Medical Director

"YOUR MENTAL HOSPITALS" NEW LAW FOR MENTALLY DEFICIENT

Numerous changes have been made in the laws for the mentally deficient in order to modernize the procedures and the terminology in keeping with the progress in this field. After considerable study by a Committee composed of interested groups in the medical and legal profession, and lay organizations, a bill was drafted following rather closely the Illinois Revised Mental Health Act. This was passed by the legislature and became effective on October 1, 1949. The old "feeble-minded" law of 1915 was repealed and in keeping with current professional thought, it eliminated from the law the term "feeble-minded" replacing it with the words "mentally deficient".

In addition to the court commitment, the new law authorizes voluntary admissions. The steps or procedure for admissions are briefly described below:

I. *VOLUNTARY ADMISSION*

Any person who is mentally deficient may apply directly to the Superintendent of a hospital for the mentally deficient[1] for admission upon presentation of a notarized petition (these petitions are available from the County Clerk).

The petition may may be signed by:

a. The person seeking admission, if of lawful age.
b. By the parent or guardian, if the person is a minor.
c. By any relative or attorney with the consent of the patient.

A voluntary patient may leave the institution fifteen days after the submission of a written request to the Superintendent.

II: *COMMITMENT*

Any citizen residing within the same county in which a mentally deficient person resides, may file a notarized petition with the County Clerk, stating that the individual is in need of care, detention and training in an institution for the mentally deficient. The person should be examined by a physician or a qualified psychologist prior to the filing of the petition. If he has not been examined, the court shall appoint a physician or a qualified psychologist to examine the individual.

The County Judge will set a date for the hearing. If a jury trial is demanded, the jury will consist of six persons — one, at least will be a physician or a qualified psychologist. If a jury trial is not demanded the Court will appoint a Commission composed of two physicians, or one physician and one qualified psychologist to examine the person to determine if he or she is mentally deficient. The Commission will render a verdict. The Court may accept or reject the verdict. The Court may dismiss the person or commit the individual to the care and custody of relatives, to a private licensed institution, or to the Department of Public Welfare for institutional care.

Due to the overcrowding in the Illinois State Institution for the Mentally Deficient, it is necessary to place the voluntary and committed cases on a waiting list.

Under the old law all discharges from these institutions were by Court Order. Now the patients may be released directly by the hospital staff as soon as they deem advisable. The patient may be given a Conditional Discharge (a temporary supervised trial period) or an Absolute Discharge (complete discharge). Thus it will be possible for an institutional staff to release those patients who have borderline intelligence and social adjustability. If after supervised release it appears that the patient is able to make a satisfactory adjustment, the Department of Public Welfare is authorized to discharge the patient.

These are some of the most important changes in the new "Act for the Mentally Deficient".

G. A. Wiltrakis, M. D.
Deputy Director
Medical & Surgical Service

1. Private institutions, Dixon State Hospital or Lincoln State School & Colony.

NEW FELLOWS, AMERICAN COLLEGE OF SURGEONS

The following Illinois physicians were initiated as Fellows of the American College of Surgeons at the convocation in Chicago, October 21, 1949.

Joseph S. Angell Oak Park
Willard J. Berwanger Glen Ellyn
Harms W. Bloemers Chicago
Robert E. Bowen Springfield
Nicholas J. Capos Chicago
Paul V. Carelli Chicago
Clifford L. Carter Ottawa
Harold Cohen Chicago
Joseph T. Coyle Chicago
James H. Cross Hines
Roland R. Cross, Jr. Hines
William W. Curtis Springfield
Walter F. Dillon Chicago
Egbert H. Fell Chicago
Charles E. Fildes Hines
Harry A. Fitzmaurice Chicago
Edson F. Fowler Evanston
Theodore A. Fox Chicago
Edwin C. Graf Chicago
Walter S. Grant Chicago
Eugene A. Hamilton Chicago
Harry T. Haver Chicago
James A. Henderson Quincy
Ernest Hessl Brookfield
W. Francis Jacobs Chicago
Elwood F. Kortemeier Freeport
Paul T. Lambertus Quincy
William A. Larmon Chicago
William M. Lees Chicago
Rocco Vincent Lobraico, Jr. Chicago
Saul Allen Mackler Chicago
David B. Maher Chicago
W. Robert Malony Pittsfield
Douglas W. Mazique Chicago
Martin J. McCarthy Chicago
Frank A. Morrison Alton
Richard F. Murphy River Forest
Everett E. Nicholas River Forest
Guy O. Pfeiffer Belleville
Taft Claude Raines Chicago
Frank J. Saletta Chicago
Louis Scheman Chicago
Robert L. Schmitz Chicago
Edward L. Schrey Chicago
Mary S. Sherman Chicago
Joseph Silverstein Chicago
Howard P. Sloan Bloomington
John T. Small Rockford
Lyman Smith Elgin
Simmons S. Smith Rockford
William P. Standard Macomb
Philip J. Stein Chicago
Orion H. Stuteville Evanston
Hans Victor Von Leden Evanston
George H. Waller Decatur
Alfred C. Wendt Chicago
George Z. Wickster Oak Park
Kane Zelle Springfield
Edward N. Zinschlag Mattoon

HEMATOLOGISTS WILL MEET IN ENGLAND

The International Society of Hematology will hold its Biennial Congress at the University of Cambridge, Cambridge, England from August 21 through 26, 1950.

The Program committee is in the process of receiving titles for papers and scientific exhibits to be presented at the Congress. Material to be submitted for consideration for the program may be sent to Dr. I. Davidsohn, Mt. Sinai Hospital, Chicago, Illinois, or Dr. S. Mettier, University of California, San Francisco, California. Those desiring to present scientific exhibits should make application as soon as possible.

TWENTY-THREE CLINICS FOR CRIPPLED CHILDREN LISTED FOR JANUARY

Doctor Herbert R. Kobes, director of the University of Illinois Division of Services for Crippled Children, has released the January schedule of clinics for physically handicapped children. The Division will conduct 18 general clinics providing diagnostic orthopedic, pediatric, speech and hearing examinations along with medical social and nursing services. There will be 4 special clinics for children with rheumatic fever and 1 for cerebral palsied children.

Local medical and health organizations, both public and private, cooperate with the Division in providing this clinic service to Illinois' thousands of physically handicapped children. The examining clinicians are selected from private physicians who are certified Board members. Any private physician may prefer to bring to a convenient clinic those children for whom he may want examinations or may want to receive consultative services.

The January clinics are:

January 4 — Joliet, Will Co. TB Sanitarium
January 4 — Alton, Alton Memorial Hospital
January 5 — Cairo, Public Health Building
January 10 — E. St. Louis, St. Mary's Hospital
January 10 — Quincy, St. Mary's Hospital
January 10 — Peoria, St. Francis Hospital
January 11 — Hinsdale, Hinsdale Sanitarium
January 12 — Springfield, St. John's Hospital
January 12 — Elmhurst (Rheumatic Fever) — Memorial Hospital of DuPage County
January 13 — Chicago Heights (Rheumatic Fever), St. James Hospital
January 13 — Clinton.
January 17 — Danville Lake View Hospital
January 18 — Sterling, Sterling Public Hospital

January 18 — Elgin, Sherman Hospital
January 19 — Rockford, St. Anthony's Hospital
January 19 — Mt. Vernon, Masonic Temple
January 24 — Salem, American Legion Hall
January 24 — Peoria, St. Francis Hospital
January 25 — Springfield (Cerebral Palsy), Memorial Hospital
January 25 — Evergreen Park, Little Company of Mary
January 26 — Bloomington, St. Joseph's Hospital
January 27 — Chicago Heights (Rheumatic Fever), St. James Hospital
January 31 — Effingham (Rheumatic Fever), Douglas Township Building

Children accepted for Division care are those with:

1. Orthopedic conditions including acute poliomyelitis
2. Rheumatic fever and heart disease
3. Conditions of the nervous system
4. Cerebral palsy
5. Congenital and acquired defects which respond to plastic surgery
6. Speech defects associated with organic conditions
7. Hearing loss and deafness
8. Epilepsy

DOCTOR IS YOUR NAME LISTED?

The Scientific Service Committee of the Illinois State Medical Society is preparing an addenda or supplementary list of speakers and subjects for use by county medical societies in arranging their regular programs. The new compilation will be a supplement to the present List of Speakers which was revised three years ago, including the names of some 500 physicians who are willing to cooperate in the activities of the Scientific Service Committee by lecturing to the county medical societies in the state.

Physicians who wish to be included in the new List should send their names and subjects to Miss Ann Fox, 30 North Michigan Avenue, Chicago 10, Suite 1416.

It is hoped that every County Medical Society in Illinois will be represented in the forthcoming supplement.—Robert S. Berghoff, Chairman.

THE C.M.S. ANNUAL CLINICAL CONFERENCE

Attendance at the 1950 Clinical Conference of the Chicago Medical Society should be a must on your schedule. Set aside four days — February 28, March 1, 2, and 3, 1950 for valuable postgraduate observations.

There will be Clinical Sessions and Scientific Lectures by the nation's foremost medical authorities and educators. There will be selected Scientific and Technical Exhibits, displayed that will dramatize medical developments "up-to-date."

A feature of the Conference will be color television of actual surgical procedures, and also black and white telecasts. Observers will see close-up surgical techniques and medical procedures in full color detail.

Mark your calendar now for February 28, March 1, 2, and 3, and make your reservation direct to the Palmer House which will be the headquarters for this great 1950 meeting.

TRAINING PROGRAM IS APPROVED

To the Editor:—

Would you be so kind as to insert in your journal the notice that the three year training program in Gynecology and Obstetrics at the Cook County Hospital has been approved by the Council of Medical Education and Hospitals of the American Medical Association.

John B. O'Donoghue, M.D.
Secretary, General Staff
Cook County Hospital

ORIGINAL ARTICLES



The Menace of the Coming Months

The Hon. L. C. Arends

Member of the House of Representatives,
17th District, Illinois
Melvin

Right at the outset it might be well to explain the possible reasons for my being one of the speakers of the day. As a member of the House of Representatives for 15 years, I have been extremely interested in problems of government as as they affect *all* our citizens. There seems to be no end to the troublesome problems that confront the Congress, and, at this particular time, we are bogged down under a terrific load of responsibilities.

Ours is a hard job and all too often a completely thankless one. On occasion, one thinks, "Well, why not throw in the sponge and let someone else do the worrying." However, a good citizen doesn't do such things and we continue to fight to keep alive the best form of government ever devised by man, a republican representative form of government handed down to us under the Constitution.

Presented at Second Speaker's Conference, LaSalle Hotel, Chicago, September 11, 1949.

Among the many proposals facing Congress at this time is the one of compulsory health insurance. I have had many, many letters regarding this legislative proposal and, accordingly, began to write replies to the many doctors in my district, stating my views on what is commonly known as socialized medicine. I decided to send a letter to each doctor in my district setting forth in clear pattern my views and convictions on this all-important proposal. As a result of this letter to the doctors in the 17th Congressional district of Illinois, I have had very many favorable responses. Evidently such letters received wider distribution than I had anticipated and the letter evidently paved the way to my being invited here today as one of your speakers. Needless to say, I rejoice in the opportunity, for it affords me these few moments to tell you exactly what the thinking of an elected official is and how he views the problems that face you, as individuals, and your organization and, far and above all else, the welfare and health of all our citizens.

As one member of Congress, I am opposed to socialized medicine, first because the whole concept of state regimentation springs from the basic doctrines of Communism and Marxism; and second, because the United States today enjoys the highest standards of medical care and the highest standards of public health and general well-being of any land on the face of God's great globe — and I do not intend to stand idly by and see these fine standards sacrificed to the experimental socialism of our national planners and bureaucratic collectivists.

Wherever we encounter socialism, we note four unfailing characteristics of its operations, in whatever field.

First: *It promises more than it can deliver.* If you question that, a half-hour with the British national budget tonight will give you the answer.

Second: *Socialistic programs always cost much more than the original estimates* — as we shall see when we examine in some detail the unhappy experience of Britain under socialized medicine during the last fifteen months.

Third: *Every program of state socialism entails an ever-expanding burden of administrative bureaucracy,* red-tape, forms, compliance checkers, and official snoopers delving into the intimate daily concerns of the people.

And fourth: *Every program of state socialism tends to grow and expand from year to year,* gradually taking in more and more territory, until the people are literally smothered and hogtied by governmental restrictions and regulations.

In all human history, there is not a single exception to this rule of bureaucratic growth. The blight of bureaucracy is all-pervading. It corrupts and demoralizes everything it touches.

And let me assure you that there is nothing in the recent history of the Social Security Board or the Federal Security Administration to suggest that the proposed new program of socialized medicine would be administered in a manner different in any way from the standard pattern of bureaucratic operations—forms, paper work, regimentation, shocking inefficiency, and scandalous waste.

Let me read to you what one qualified expert in Washington had to say about today's runaway bureaucracy in America. This quotation is from no less an authority than Mr. Lindsay Warren, the Comptroller General of the United States. His Agency, the General Accounting Office, has the final audit and approval of every voucher cleared for payment by any federal agency. He would eventually audit every doctor bill for payment — if socialized medicine should become the law of the land. He is the one man in the United States who knows intimately and precisely the structure and functions of every segment of our sprawling federal bureaucracy. Here is his description of Washington today — an interesting description from a man who formerly served as a Democratic member of the House of Representatives. He says: "The government is too big. It's a hodge-podge and a crazy quilt of duplication, over-lap, inefficiencies and inconsistencies. It is probably the ideal system for to pay the bill."

That, ladies and gentlemen, is the testimony of the Comptroller General of the United States before a Committee of the Senate on January 25, 1949. I submit that to turn American medicine over to such a clumsy, headless monster as Lindsay Warren describes, would be to turn back the clock of progress by fifty years overnight!

I submit that when an American citizen is sick or infirm, he wants to consult a doctor of medicine, not a doctor of philosophy in the Social Security Board, nor a doctor of law in the Federal Security Administration, nor yet a doctor of political science, nor a doctor of civil admistration.

The proposals for socialized medicine now before Congress seek the nationalization of American medicine down to the last bottle of aspirin, with Washington in complete direction and control of every hospital, every medical school, every research laboratory, every physician, every dentist, every nurse, and every hospital technician in the land.

To my mind, this issue reaches to the very roots of American constitutional government. For I believe firmly that if this plague of socialized medicine can be fastened upon the people of the United States by adroit government propaganda, then it will not be long before the last vestige of freedom under law will disappear in every other relationship of life.

For if American medicine can be taken over by the Washington bureaucracy, then it will be only a matter of time until education will be taken over and then insurance, then publications and public intelligence finally all entertainment and cultural expression. The hand writing is on the wall.

That, at least, is the history of national socialism in modern times. It must be complete and total.

For so long as men and women are free in one sphere of life, they will push and struggle for freedom in wider spheres. At length, only the proven measures of the Police State can repress the human instinct for freedom.

Let us keep in mind the classic admonition of Winston Churchill, who declared from the mountain tops of prostrate Britain in the grim and bitter days of 1943:

"We must beware of trying to build a society in which nobody counts for anything except the politician or an official — a society where enterprise gains no rewards and thrift no privileges."

Socialized Medicine In Soviet Russia Today — Communist Russia has moved farther along the path of complete and absolute state medicine than any other country. You will be interested in a current description of medical administration in Soviet Russia. Let me say that this is a wholly sympathetic description, for it was written by an American Communist, who admits that he got much of his basic material from Amtorg, the Soviet trading office in New York. Here is his description of Russian medicine today:

"In 1918 medical institutions and the treatment of disease were nationalized and made a function of the State. Hospitals, sanatoria and pharmacies became state institutions, and doctors, internes, nurses, druggists, clinical workers, laundresses and chauffeurs employed by hospitals and clinics, were organized in the Medical Workers Union."

There's an authoritative definition of state medicine today, wherever we find it around the world. And do not overlook the one big union of all medical personnel — from doctors and nurses down through laundresses and chauffeurs. That's elemental Communist doctrine — one big union for every trade, craft or profession.

That's the road we travel when we take up socialized medicine as a national policy.

Sad Results Of Socialized Medicine In England — The Government took over all medical administration in England as of July 1, 1948. In the fifteen months since that memorable date in medical history, there has been accumulated a considerable volume of testimony to suggest that the experiment is encountering serious difficulties — many of which were not even foreseen by the sponsors and advocates of the program.

First, the program is costing a great deal more than the original budget estimates. The budget, for example, carried $28 millions for dental care for the first nine months of the national program. The British Dental Association now estimates that dental care alone for those first nine months actually cost $160 millions!

That's the kind of planning we get from State Socialism, in whatever sphere. The Socialists who are engineering the welfare state do not dare to tell the people in advance how much their dreams and visions really are going to cost.

Another striking fact from the recent English experience is this: When the program was launched the government estimated that the medical services would issue 3 million pairs of eye glasses the first year. But demand turned out to be at the rate of 25 million pairs a year during the first six months! In February, 1949, when the plan was only in its eighth month, Health Minister Bevan announced in great anguish: "The rush for spectacles is so great that it has overtaken production capacity."

About the same time, one of the reputable British medical journals carried a note from an optician located in one of the rural southern areas: "I have discovered that in a certain Southwest town a considerable number of new spectacles have been located in the pawn shops."

In other instances, in the London metropolitan area, it was discovered that women would save the tax caters, but it is bad for those who have up their medical prescriptions for several weeks, until they made up sufficient purchasing power to buy a bottle of imported hair rinse, facial cream or nail polish. By these irregular devices, the British cosmetic bill is being transferred, in part at least, to the medical budget. It requires no stretch of the imagination to guess how vast and expensive an enforcement agency eventually would be required to circumvent such fraudulent operations in a population of 45 mil-

lions enjoying give-away medicine at the expense of the national Treasury.

Yet these cases of fraud and abuse are but fragmentary aspects of the larger picture — a picture which spells the gradual breakdown of all medical services in England.

This program was to cost $1,500,000,000 a year — when it was being *sold* to Parliament by its sponsors. But the first year's cost was $2,-100,000,000 — or 40 percent more than the planners' original GUESSTIMATES. British budget estimates for the second year now are in the range of $2,500,000,000 — $55 per capita.

If we apply these figures to our American population, we arrive at $8¼ *billions a year for Socialized Medicine in this country.*

The special medical taxes collected under the British health insurance scheme cover only about *one-sixth* of the actual cost of the services rendered. Yet the whole program was offered originally as one which would be *completely self-supporting.*

When the British plan became effective last year, the government took over ownership and management of 2,751 hospitals in England and Wales. Of this number 1,647 were owned by the cities and towns, what we call city or county hospitals, and 1,104 were voluntary hospitals. A few hospitals owned by labor unions and religious orders were exempted from confiscation, but these exceptions were negligible in the national picture.

Not only did th government take over the hospitals as units of real estate, but in each case the endowments of the voluntary hospitals also passed into a national pool. Under this arrangement, the private endowment of a hospital in Chicago would at once become available for the support of a hospital in Seattle or Tampa.

Advocates of socialized medicine in Britain insisted vigorously that physicians would be free to participate or not in the nationalization scheme, as they preferred. But with all hospitals under government control and direction, this freedom of choice was entirely fictional. For doctors who did not sign up with the government plan were forever excluded from practice in any government hospital. Here is direct personal testimony on this point from Dr. Donald B. Brazer of 73 Harley Street, London:

"The specialist has no alternative but to be in the plan, at least to some extent. If he does not come in, he is denied the use of the hospitals — and that is professional suicide."

When a student completes his medical training in England, he may not select his own area of practice. He is *assigned* to a given locality, just as an army doctor in this country might be assigned to Fort Bragg, or a navy doctor to Guam.

Again, if he elects *not* to accept the government's assignment, he is denied access to the government-controlled hospitals. Nor may he rent a government-owned house, or any house or apartment subsidized by government construction funds or government building loans; nor may he buy medicines, equipment and instruments from the government-monopoly which is the distributing agency for all such equipment and supplies.

Such is the new definition of freedom-of-choice under today's state socialism.

And this is precisely the road along which our own advocates of the Welfare State are attempting to lead the American people.

Note too, that the arguments at home today are exactly the arguments used in Britain — no doctor will be *compelled* to participate in the scheme! Technically that is true in England. The young doctor is under no *legal* compulsion to join up. But if he does *not* join up, he is destined to end up as a street car conductor or a truck driver — for the career of medicine is closed to him — closed by the iron hand of the government monopoly in medicine.

Government doctors in England are paid a flat fee of $3.50 a year for every patient assigned to their panel. The government also pays for all medicines, artificial limbs, eye-glasses, toupes, braces and corsets, dentures and surgical appliances.

Many doctors in London today see as high as 250 to 300 patients every day! Patients queue up for 2 or 3 hours awaiting their turn. Most patients, on routine calls, get an average of less than 3 or 4 minutes of the physician's time. One London physician has reported that, after deducting office expenses and his nurse's pay, he gets an average of 35 *cents* for each office call!

There are so many forms and reports to be completed for the Health Office that most doctors are compelled to spend as much time on paper work as in seeing patients. One London physician has satarized his typical day in these bitter words:

"Spectacles? Ah, yes . . . a *green* form. Good day! Next? Milk, yes, of course a *buff* form. Next? a sickness benefit certificate to be sure, a choice of forms *pink, white* or *blue,* depending on the type of employment."

Lord Horder, physician to the royal family, offers this comment: "Medicine in Britain has become a branch of the civil service. We are no longer medical experts; we sit and sign forms. We have no time to diagnose our patients' diseases; but pass them on to other persons and institutions, knowing full well that they cannot dispense the health benefits which may or may NOT be needed."

This has been the general picture wherever socialized medicine has been attempted. The swivel-chair bureaucrats in Washington or London cannot provide any more medical service than the medical profession can handle.

Germany began this unhappy experiment more than 60 years ago. In less than fifteen years, Germany had one clerical assistant on the medical payrolls for every 100 patients registered under the plan.

Apply that figure to the United States and you have a new government payroll of 1,500,000 administrative helpers in the medical service — a new bureaucracy about four times the size of the present post office department — about as many men as we have today in the army, navy and air forces combined!

And that, mind you, is for *clerical* and *administrative* help alone — it does not include a single physician or surgeon, dentist, nurse, or laboratory assistant.

All in all, our new medical bureacracy would number more than 2,000,000 payrollers — all directed from Washington. That's been the unbroken experience wherever this scheme has been shackled upon the people — in Austria, Germany, New Zealand, Russia, and now in Britain.

America must not be led down this tragic path!

Chicago Bar Association Opposes Socialized Medicine — As the medical capital of the United States, Chicago and the State of Illinois have been especially alert to the challenge of political medicine — the *big* step to the completely socialized welfare state.

The Chicago Bar Association, through its Committee on Federal Legislation, has soundly denounced all pending proposals for socialized medicine, as recently as July 14, 1949. This Committee's report was approved unanimously by the Board of Managers of the Chicago Bar Association. Let me read one or two significant passages from this report:

"It is our considered opinion that the invasion of government into the practice of medicine presages a *similar* intrusion into the practice of law. It has been said that the tide of governmental management is resistless, that one may as well become reconciled to the fact of ever-increasing authoritarian regulation. That there has been such a movement is *no reason* why it should *not now be stemmed,* and if possible reversed."

That sentiment, it seems to me, is the very beginning of the *winning fight* against socialized medicine. The American people must be alerted to the world tide of socialism and bureaucratic collectivism which flows out from Soviet Russia in ever-widening circles, through our own fellow-traveler organizations. We must take a stand, not against one item in the socialist program, nor yet against two items. We must take a stand on *principle against state socialism* — and be prepared to fight *any and every proposal* which heads in that direction!

And let me remind you that socialized medicine is *not* a program designed to care for the needy and the under-privileged. On this point the report of the Chicago Bar Association was clear and emphatic beyond misunderstanding.

That report said: "The principle of government aid to the needy or improvident is not the object of this bill. What it proposes to establish is Government control of the medical care of every man, woman and child in the United States, including all who are amply able to provide all necessary care for themselves and their dependents and are doing so at the present time."

So this is not a program for the needy. It is a greedy grasp for power by the Washington bureaucrats.

Nobody wants socialized medicine in the United States save the federal payrollers who plan to administer the program. It would make many lush jobs in Washington. In time, every city, town and village would have its official medical staff, appointed from Washington, just as every community formerly had its O.P.A. czar, its housing expeditor, or rent controller. Doctors would be appointed like postmasters. Hospital administration and medical care soon would degenerate to the efficiency level of the post office or the weather bureau.

Socialism is a contagious virus. There is only one effective antidote for it — patient, persistent, determined and effective educational work.

I do not intend to see socialism take over in America if I can avert it. But a member of Congress can prevail only to the extent that he is supported and sustained by a militant and determined constituency at home.

I have explained the path I have chosen, and I intend to stick to that line of Americanism as long as there is a square foot of ground on which to stand and fight.

One question remains to be answered. You know and understand fully my views and the line of action I, as a legislator and one who may vote on the question at a future date, will follow. Permit me, then to inquire, "What are you going to do about it?"

First, I assume you do not want compulsory health insurance, and second I feel you must know that to avoid its being thrust upon us, some one necessarily will have to do something about it. Now who is best fitted to meet this challenge? The doctors, of course.

In my letter to the doctors in my district, I stated: "Now, Doctor, I want to throw out a sort of challenge to you, as a member of the medical profession. The mere fact that a bill for compulsory health insurance has been introduced in the Congress and the possibility that such legislative proposal may be considered by Congress within a year or two, convinces me our government, by one step after another, is moving toward socialism. The decision as to our future form of government lies of course, with the 531 members of Congress. As long as a majority of such members oppose legislation like compulsory health insurance, everything will be fine but already, to my notice, there are too many individuals here who apparently believe that the thing to do is to have Uncle Sam be "master of all" which, in the end, will create not only national socialism, but likewise, financially wreck this country.

"To my way of thinking, doctors are among the very most influential individuals in any community since they not only work with people to cure their ills, but likewise, in many cases, they are father advisers to patients, even to family troubles, etc. Therefore, my thought is that doctors must do something about politics, meaning that they are going to have to get into politics up to their necks whether they like it or not. Merely stating their opposition to compulsory health insurance to a few of their friends or sending the A.M.A. $25 to fight such proposal, is not enough. In other words, doctors are going to have to go into action on the political front.

"During the past several months, I have made the following suggestion to various doctors who have written me — namely, that they make an agreement with all the doctors of their County Medical Associations to write personal letters to each and every one of their patients, setting forth reasons in clear, concise manner, why they are opposed to compulsory health insurance, and, in turn, asking these individuals to also oppose the program. In addition, I have suggested that in fairness to their Representative in Congress, regardless of his or her name, and regardless of party affiliation, the patient who receives the doctor's letter should be asked to support such Member of Congress who entertains the same fundamental beliefs in opposition to compulsory health insurance as does the doctor who writes the letter. My making such a suggestion is not wholly selfish, but is expressed with the belief that the more people we can get interested in contacting Members of Congress in opposition to compulsory health insurance, the quicker we can bury the whole idea.

"As mentioned above, this is somewhat of a challenge to each and every doctor. The time has come however when the doctor, *as well as every small businessman in the country*, is going to have to take off his gloves and get into the political arena, devoting some of his time, effort and money in support of individuals who hold the same belief in government principles that the doctor or small businessman does. In no other way are we going to be able to save our present

form of government. Such is my honest opinion."

These quotes from my letter must clearly indicate to you exactly what I feel the responsibilities of the doctors are. I am not pleading that you do anything for an individual by the name of Les Arends, or Bill Jones, or Frank Smith who may be a member of Congress, but I am pleading that you doctors, as individuals, do your best in seeing to it that the right type thinking individual be elected to the Halls of Congress in order that we may successfully and overwhelmingly defeat the proposal of compulsory health insurance when it reaches the floor of the House for consideration. You dare not shirk that responsibility. It is your job just as much as it is mine, and no longer are you going to be able to sit by, tending to your own knitting without exercising some of your time, money and efforts toward the defeat of this all-out move toward socialism, which I am convinced is already beginning to engulf this nation of ours. Yes, the steps may be, to a degree, hidden, but the hand writing on the wall becomes plainer with each succeeding day.

I well recognize that doctors are busy and, in most instances, are serving their communities and their patients well. Yet I say to you in all frankness, gentlemen, that is not enough. In my 15 years in political life, I have run into but very few doctors who are interested at all in this business we call "politics". Sure, some will say, "I'm a Republican" or "I'm a Democrat", but I do not recall ever seeing more than one or two at any political meeting which I have attended. In other words, if you are going to leave the matter of politics up to what is commonly known as "politicians", then you are entitled to get just what politicians give you.

Ours is the greatest nation on the face of the globe and somehow we must keep it that way. We are liberty-loving individuals who operate under a free system of government that makes for happy living for the individual. No other nation of people have known the peace and contentment, nor have any people enjoyed the privileges and rights that our nation of citizens have enjoyed down through the years. Do we want to see that destroyed or are we willing to do something about it?

In closing, I repeat that doctors are amongst the most influential individuals in community life and you can contribute greatly toward changing present trends in government if you but will.

Do you have the courage to face this challenge? That is the question you must answer for yourselves. For my part, I am willing to do my best in opposition to all socialistic schemes which we now and in the future will encounter. These socialistic plans must be knocked off, one after another, if we are to remain a nation of free people.

Let's get busy and do it. I ask, are you willing to accept your share of the responsibility in the fight that lies ahead to save the American Way of Life? I sincerely hope so!

SURGERY OF GALL BLADDER AND BILE DUCTS

My own experience in a large group of cholecystectomies with stones, without any other associated diseases, has been very gratifying. Every patient is entitled to palliative treatment during or following his first attack of colic. But if the attacks recur, and the symptoms become more persistent, operation is definitely indicated. Prolonged suffering can be obviated, and occasional lives saved if the operation is performed after the diagnosis of a persistent and troublesome gall bladder disease has been reasonably well established.

Excerpt, Surgery of the Gall Bladder and Bile Ducts, A Report of 975 *Cases, Max Danzis, M.D., Newark, N. J., The Journal of the Medical Society of New Jersey, September,* 1949.

Neurosurgery and the Illinois State Hospital System

Eric Oldberg, M.D.
Chicago

On December 31, 1948, the inmate population of the Illinois State Hospital System, was 44,-034, approximately 75% of which was in the nine major State Hospitals, and 25% in the two State Colonies at Dixon and Lincoln. Ever since I have had any connection with the System, the figure has remained in this neighborhood — about 40,000 plus. Using old terminology, the majority of these suffer primarily from mental disease, though particularly at the Colonies, there is a ponderable number with organic nervous disease; and, of course, within the relatively crude and unexplored boundary of our present knowledge of such things, some harbor both. I think it is the laudable hope and objective of all of us having to deal with these problems, to constantly refine and enlarge that boundary so that at some distant day there may be a clear distinction between those whose aberrations are anatomico-pathological in nature, and those whose abnormalities are based upon confused or vitiated thought and psychological process. As we grope toward this objective, we have simultaneously developed therapeutic means, aimed at alteration of existing anatomical or physiological conditions, as in lobotomy and electric shock, or toward attacking the psyche, as in psychosomaticism and psychoanalysis. My subject this evening concerns my observations of these developments over the past 18 years — naturally with emphasis upon the struggle to place as many mental ills as possible upon the organic list; and with particular reference to those whose handicaps may be alleviated or cured by surgical intervention, directed toward the nervous system. I shall try mostly to discuss the practical, rather than the philosophical side of the matter, as it applies to existing conditions in our own State of Illinois.

When I first took up my duties at the University of Illinois in September 1931, I found for myself, more or less by default, 15 beds for organic medical and surgical neourological disease. This could be expanded to 18, under pressure, but couldn't be maintained at that figure for long, without hospitalizing some of our nurses, who at that time, worked 12 hour shifts, took 28 consecutive days of night duty every fourth month, and had mostly paralyzed and incontinent patients to handle, in one variant or another.

Though I had no responsibility to do so, at that time, I could see into the future enough, and the ethics and obligations of working in a public, tax-supported institution were such, that I always gave first priority to any request from any State Hospital for diagnostic or therapeutic measures as applied to any patient who could be handled on an open ward. I am happy to say that that condition has continued to obtain until the present date, and I see no prospect of it ever changing. No reasonable or unreasonable request (of which latter there have been very few, over the years), has ever been refused. I think it is a credit to the screening which takes place before a patient is institutionalized, that even our original 15 beds, were more than ample to take care of all organic cases requiring surgical diagnostic or therapeutic procedures; and still would be, for non-confined cases.

Eighteen years ago, the problem was relatively simple. Almost all the infrequent surgical cases transferred from the State Hospitals, were brain tumors, with an occasional subdural humatoma, brain abcess, malignant metastasis, or head injury. Once in a while, there would be a request

From the Department of Neurology and Neurological Surgery, University of Illinois College of Medicine, and the Illinois Neuropsychiatric Institute.

The advice of Dr. Oscar Sugar in the preparation of this paper is gratefully acknowledged.

Address of the President, Chicago Neurological Society, May 10, 1949.

for ventriculography or pneumoencephalography, in a patient who had developed seizures, or in whom a neoplasm might be suspected; and all of these were of course re-evaluated after admission to our service, for I do not remember a single attempt to dictate our procedures. Air studies from above and below were nowhere near as frequent then as they are now, nor as well interpreted; myelography and angiography were not done, any sort of operation for epilepsy in the absence of a gross organic lesion, was looked upon askance, and the various mutilations of the brain now grouped under the title of psycho-surgery, were unheard of, except in Portugal. The fact remains, that in a short space of time, they have all been very much heard of, and we must face that fact and plan for it, with respect to our State Hospital System.

First — as to the surgical *diagnostic* procedures. Perhaps the most important recent advance in this field, is that of angiography. A few years ago, some of us, myself included, felt this would turn out to be a risky procedure, restricted to suspect aneurysms and occasional other special cases. Now, though some small risk in its use is undoubtedly present, it isn't enough to prohibit our using it in a constantly expanding number and type of patient, so that I actually find that our resident staff will more often than not, perform angiography first, and think about air studies later, even in probable space-occupying lesions. And why not? During the past year alone, I have seen several such cases, in which air studies would have indicated a deep left-sided sub-cortical tumor, a short history suggested a malignant lesion, and we might well have contented ourselves with decompression and roentgen therapy, had not angiography clearly revealed a medial spenoid wing meningioma, which we could remove. As our knowledge of interpretation grows, I can well visualize this procedure as giving us invaluable diagnostic information in many types of brain conditions other than tumor and vascular anomalies and occlusions — some of them producing the mental deterioration or aberration, which has resulted in Institutionalization by the State.

Still of equal importance to angiography, are the air studies now in common use for more than twenty-five years. As everyone knows these can be prepared, either from above, by operation, or from below, by lumbar puncture. And lastly, there is myelography, which, of course, would have only limited use in the State Hospital System.

Now what should be our attitude toward the performance of any or all of these procedures, in the State Hospitals? Theoretically, anything is possible given the proper equipment, and the man with the knack, experience, and constant practice to carry them through properly. We should be practical about this, however, and realize, that rarely, in the indigenous staff of the hospital, is there anyone meeting these qualifications. And why should there be? The men there are primarily psychiatrists, some of them are secondarily neurologists, and none is a surgeon, with his necessarily mechanical talent.

Therefore, procedures, such as angiography, are probably not suitable as State Hospital maneuvers, for many years to come, except in special instances where the equipment and trained team is available and an experienced man can be brought in from the outside. Ventriculography should, of course, never be performed in the absence of facilities to proceed with a major brain operation. And even pneumoencephalography in properly selected cases, has its risks.

Of these surgical diagnostic tests, therefore, I would say, that aside from the use of lumbar and cisternal puncture, which is universal and self-understood, the only one which is suitable at the present time, is pneumoencephalography. Myelography is not necessary often enough to justify the expense of equipment and development of technique, ventriculography should never be done without readiness to proceed with a brain operation for tumor, etc., and I have already shown that there are not enough of these to justify decentralizing them; and arteriography is still in too infantile and specialized a state to justify its contemplation for general use — though I have great hopes for it in the future.

Even pneumoencpehalography has its very definite restrictions, which are too often not understood, even by experienced residents who have seen considerable neurosurgery. In the first place, it should not ordinarily be done if intracranial pressure is increased. Secondly, it should not be performed in thrombotic cerebral vascular conditions, because, on occasion, it may greatly increase the extent of the thrombosis and

the resulting neurological deficit. Yet, I have seen it performed without any preliminary pressure measurement, and even without a funduscopic examination.

Pneumoencephalography should not be performed by anybody, unless he knows its indications and contraindications, has a working knowledge of cerebro-spinal fluid dynamics, and can properly interpret the resultant x-ray plates. I see no reason why these requirements may not be met by selected competent staff members of the individual State Hospitals.

Now we come to the matter which has changed the picture during the last several years, as far as *therapeutic* neurosurgery is concerned. As I have said before, tumor and hematoma surgery, the occasional cortical extirpation for hyperkinesis of various sorts, and the infrequent tractotomy or chordotomy, are no problem, for they are easily centralized for handling, as they always have been, and they do not require special restraint facilities. Perhaps, in the future, some decentralization to certain of the hospitals may be possible, where there is a nearby certified neurosurgeon; but I doubt that the expense will ever be justified, nor do I feel that the operation itself or the after-cure, no matter who the surgeon, can ever equal that supplied at a place where this kind of work is done all the time.

The matter of the various semi-empiric operations on the grossly normal brain, which have been developed and have come into use in recent years, is a different problem, however. Whether we like these operations or not, and I intrinsically shrink from them, we have to concede that they, thus far anyhow, have proved of some value in some types of psychoses, in drug addiction, in intractable pain, in anxiety states, and experimentally, they are even being extended to certain forms of epilepsy, as to the psychomotor variety, and perhaps eventually, to chronic alcoholism. The patients harboring these conditions, are largely of the necessarily confined variety, the psychiatrists who study them, understandably wish to be able to continue to study them after their operations, the relatives often do not like to move them, and anyhow, there are presently no centralized facilities of consequence, for handling them. Therefore, we must take stock of this, until we eventually come to a stable criterion for permanent evaluation of these procedures.

I do not see any hope of doing this, except at selected sites. At the present time, there are very few of these, and none is really a going concern, in the proper sense, unless you want to take the extremely limited facilities of the Illinois Neuropsychiatric Institute into account or those in private hospitals. I hope that while the State waits for the development of such facilities in its Hospital System, the psychiatrists, in their impatience, will not start reaching for the nearest ice-pick. No insult or discourtesy to them is intended in saying this, anymore than I would have a right to feel affronted by any statement coming from them about my ignorance of the field in which they have been specially educated. After all, any mutilation of the brain, is an attack upon the soul as well as upon a crucial portion of the body, and the hands into which this is entrusted, should not lack in competence and training.

As a matter of fact, I do not think we know enough about this whole subject, over a long enough period of time, to justify our going so far overboard just yet, as to assume that such facilities should be routine in every institution, nor will be, for many years, perhaps never. Let us develop adequate surgical conditions in a few places, where it can be done well, by competent men, and then let us be patient, and see what it all means. Certainly, it is going to mean something. We all know that. But how much cannot even be guessed, at present. Perhaps, as we keep on training droves of neurosurgeons, it *will* be possible to outfit every Institution. And just as likely, it may settle down to a point where everyone will be happy enough to have one or two centralized places for these procedures. It has been suggested to the authorities, and it wouldn't take too much initiative, or cost inordinately, to institute the simpler procedures, carried out by competent men, at such centers as Elgin, Chicago State, Manteno and Peoria. Whether action will be taken, I do not know, nor do I know whether an acute mental hospital or two will be built, where these things can be done by the best men, under uniform conditions. Meanwhile, for one, I do not feel at all unhappy that we are going a bit slow, in the State of Illinois.

The Treatment Of Ante-Partum Hemorrhage

Joseph A. Hardy, Jr., M.D.
St. Louis, Missouri

For the purposes of this presentation the term, "ante-partum hemorrhage," will have to be understood in a somewhat limited sense. We shall confine our discussion to bleeding which occurs during the third trimester of pregnancy and further to those instances which are due to the commonest causes of such bleeding, namely placenta praevia and premature separation of the normally implanted placenta. Together, these two complications represent one of the greatest hazards which beset the paths of the expectant mother and that of her unborn child.

Improved awareness on the part of the lay public of the importance of adequate pre-natal care has led in recent years to a great reduction in maternal and fetal mortality due to such causes as toxemia, malnutrition and un-anticipated cephalo-pelvic disproportion. The ever-increasing availability of antibiotics and chemotherapeutic agents has served to decrease the toll of life claimed by infection in the expectant, parturient and delivered patient. One result of these improvements in obstetric management has been to focus our attention more and more clearly upon hemorrhage as a cause of maternal and fetal morbidity and mortality.

As pointed out by Scott,[1] "hemorrhage remains one of the three great destroyers of women in childbirth, and is far less amenable to prophylactic measures than either puerperal sepsis or the toxemias of pregnancy". Much may be done in advance to lessen the incidence of infection during and after labor; careful adherence to the principles of pre-natal care will be rewarded with less frequent occurrence of the toxemias. Even in the case of post-partum hemorrhage we may, by careful avoidance of unnecessary trauma, lessen the frequency of occurrence of that complication. But in ante-partum hemorrhage prophylaxis is of little avail and, in consequence, a thorough understanding of the underlying principles of its treatment becomes correspondingly more important.

Most recent writers upon the subject have recognized three divisions of time in their analyses of the treatment of ante-partum hemorrhage. Eastman,[2] for example, in discussing the treatment of placenta praevia (and the statements apply with comparable truth to premature separation), speaks of the period 1896-1919 during which vaginal delivery without blood transfusion was the dominant method of treatment; the period 1920-1934 when vaginal delivery with moderate use of transfusion was most frequently employed; and the period 1935-1944 when caesarean section supplemented by liberal blood transfusion was used in the majority of cases.

It is a well attested fact that the more recent period, which has seen the wide acceptance of caesarean section and of early and frequent replacement of blood, has produced a striking improvement in statistics. In the case of Eastman's[2] analysis, for example, he was able to show a reduction in maternal mortality from 13.8% in 1919 to 0.9% in 1944 and a reduction in stillbirths for the same periods from 63.1% to 23.4%. It should, however, be noted that there occurred at the same time an increase in neonatal deaths from 15.4% to 23.4% — a fact which may perhaps be attributed to a point which will be discussed later — namely, the increased reliance upon ceasarean section in the treatment of bleeding has resulted in a marked increase in the number of premature and immature infants delivered.

Whether the improvement in maternal and fetal salvage has been due more particularly to the increased use of the caesarean delivery or to the greater availability and more ready use of blood replacement and to reduction of infection through chemotherapy and antibiotics is at least debatable. During the late thirties and early forties the literature produced a veritable av-

From the Department of Gynecology and Obstetrics, St. Louis University, St. Louis, Mo.

Presented before the General Assembly, 109th Annual Meeting of the Illinois State Medical Society, Chicago, May 17, 1949.

alanche of statistics from clinics all over the country which sought to show that any patient who bled during the last trimester of pregnancy should have her pregnancy terminated forthwith by caesarean section. So widespread was the acceptance of this principle that in some maternity services the incidence of caesarean section reached the level of 5-6% of total deliveries.

It has seemed to us, however, that the adoption of caesarean section as the standard treatment of ante-partum hemorrhage is not without certain distinct disadvantages. In the first place. our choice of abdominal delivery will, in many instances, probably commit the woman to similar delivery in subsequent pregnancies, so that we may be exposing her to the risk of not one but several abdominal sections. Or, if subsequent delivery be by the vaginal route, she will at least face the risk of labor with a uterine musculature weakened by scar. In the second place, as was mentioned earlier, the routine use of caesarean section in delivering the patient who bleeds, undoubtedly leads to a considerable increase in the number of premature infants and a consequently higher proportion of neo-natal deaths. Finally, it must be recognized that not all instances of vaginal bleeding are due to placenta praevia or to premature separation. Johnson[3], in his splendid article on the conservative management of some varieties of placenta praevia, quotes Dippel and Brown[4] as follows: "As a matter of fact there were only eleven instances of clinical placenta praevia in the group, while the remaining fifteen were merely roentgenologic instances of low implantation of the placenta. There were only two cases where clinical evidence of premature separation of the normally implanted placenta was present. Therefore, if caesarean section had been routinely performed on all cases of vaginal bleeding on the assumption that they had either placenta praevia or premature separation of the placenta, that assumption would have been erroneous, and caesarean section would have been unjustifiably performed in 85.87 per cent of the cases".

All of us must realize, if we but reflect a moment, the frequency with which we see patients in labor who are bleeding more than may be considered quite normal. Despite our suspicion that we may be dealing with placenta praevia or premature separation, many of these patients deliver uneventfully and subsequent examination of the placenta fails to disclose any definite evidence of either of these conditions. Similarly we all encounter patients who, during the late weeks of pregnancy experience bleeding, the origin of which is never satisfactorily explained and who subsequently are delivered easily of perfectly normal infants.

It would seem, therefore, that the first and most important step in the selection of the proper means of treatment will be the making of a correct diagnosis. To this end we should avail ourselves of all possible means, utilizing all the diagnostic skill and all the auxiliary services and diagnostic aids which we may be able to command. Every patient who is suspected of placenta praevia or premature separation of the placenta should be hospitalized at once and should remain under close observation until a definite plan of treatment has been decided upon. As to what this plan of treatment will be, it is our opinion that it should be selective rather than standardized. In general, best results will be obtained if the treatment is as conservative as is consonant with the safety of the mother and the interests of the child.

It has been our practice for the past five years at the St. Louis University Hospital to admit all patients in whom bleeding occurs during the last trimester of pregnancy. Immediate typing, cross-matching, Rh factor determination and complete blood counts are carried out and if bleeding is not extreme the patient is put to bed for observation. It is our feeling that, except in those rare instances where bleeding is so severe as to constitute an immediate threat, the patient will be benefited by a "hands-off" policy which will permit time for recovery from the initial effects of blood loss. How long this policy of avoiding examination will be pursued depends. of course, upon the circumstances present in the individual case. It is rather generally recognized that in placenta praevia, of whatever degree, there will occur a period of remission during which there is no active bleeding, during which the body will have an opportunity to gather its forces, so to speak, and during which we may be able, should it seem desirable, to replace the blood which has been lost. And many cases of premature separation of the placenta, especially those lesser degrees of separation

which constitute the greater number of such cases, will likewise be benefited by being left alone for a time.

The diagnosis between placenta praevia and premature separation of the placenta is usually made rather easily from the history of onset and from the findings on abdominal examination. In some instances, however, it will be difficult or impossible to differentiate between the two when the patient is first seen. Fortunately though, this difficulty will usually arise in those instances where the bleeding is relatively slight and where there is no need for haste in instituting active treatment.

When circumstances permit, we prefer not to examine our patients with ante-partum bleeding until at least forty-eight hours after their admission. During this time repeated observations of pulse, blood pressure and fetal heart tones are made and careful estimates of blood loss are correlated with repeated blood counts to determine the possible development of significant anemia. We are in agreement with Johnson[3], quoted above, who states "Procrastination must end when the total blood loss has produced a secondary anemia of such severity that further bleeding would endanger the life of the mother."

Ultimately there are available to us two basic means of diagnosis in bleeding of the sort we are here concerned with. Having utilized the carefully elicited history and the general physical examination and the laboratory findings and having exercised whatever clinical judgment with which we may be endowed, our final decision will rest upon information obtained by radiological vizualization or digital examination. Both should be employed.

We have found the so-called "soft-tissue" technique of x-ray vizualization of the placenta to be of particular value as a negative finding, i.e. when we are able to visualize the placenta in the upper portion of the uterus. In the same way the cystogram, when it demonstrates a fetal skull closely applied to the bladder is of some diagnostic significance though we have not been inclined to place great dependence upon the method. Recently Hartnett of our department at St. Louis University has devised a technique which involves the injection via the abdominal aorta of an opaque substance which he has been able to vizualize in the placental circulation. The method affords some promise but is technically difficult and not without certain risks. He has been able to demonstrate central placenta praevia in several cases which have been confirmed at caesarean section.

We do not permit rectal examination of any patient with ante-partum bleeding. If digital examination is to be made, it will afford more conclusive evidence if it is made vaginally — and usually with less trauma. It must, of course, be made with due regard for the special requirements which result from the special character of the case at hand. Strict asepsis and antisepsis must be assured and the examination should be undertaken only when complete preparations for delivery via either the abdominal or the vaginal route have been made. Blood and plasma for immediate use must be at hand.

We have more or less discarded, at least in our thinking, the old classification of placenta praevia as central, partial and marginal. It has long been recognized that a placenta which, at 2 cm. dilatation is central will, at 6-8 cm. be only partial. It has seemed to us that if we think of placenta praevia as either complete or incomplete at any given stage of cervical dilatation, we will then be able to choose our method of treatment by evaluting other factors such as parity, physical condition, character of uterine contraction, adequacy of the pelvis and fetal position.

In the last 9123 deliveries at Firmin Desloge Hospital, the teaching hospital of St. Louis University, there have occurred 31 cases of placenta praevia, an incidence of 1 in 294. Three fourths of these have occurred in multiparous patients. In ten instances the placenta praevia was complete; in 21 instances it was incomplete.

Complete placenta praevia is probably best treated in all instances by caesarean section. The same is true of most instances of incomplete placenta praevia in primiparae. However, in the multipara in whom it is possible to find at the internal os sufficient area of uncovered membrane to permit artificial rupture, that procedure will usually be the method of choice.

In the past five years we have discarded completely the use of the Voorhee's bag and the Willett scalp-traction forceps. Neither have we attempted the Braxton-Hicks version. We have

always been of the opinion that the latter procedure, so glibly detailed in all the standard text books, is not only extremely difficult technically but also highly dangerous. Many a patient who could have been safely delivered by simple rupture of the membranes has found herself suffering a severely lacerated cervix and exposed to the risk of intra-uterine infection while at the same time she has approached exsanguination as a result of the trauma produced during the somewhat frenzied attempts of the operator to grasp and make traction upon a fetal extremity.

Having decided that caesarean section will not be necessary, we therefore rupture the membranes and return the patient to bed under close observation. Blood loss, fetal heart tones, pulse rate and blood pressure are carefully watched. Blood replacement is available at any time it may be needed. When the cervix is fully dilated the patient is returned to the delivery room and the labor is terminated either by spontaneous delivery or outlet forceps. No attempt is made to hasten the expulsion of the placenta and packing of the post-partum uterus has seldom been necessary. By such a conservative plan of treatment we feel that we have minimized shock and infection in the mother without increasing the danger to the infant.

In those cases in which abdominal delivery seems advisable it should be undertaken only when the woman has been brought as near as possible to full term. We feel very strongly that it is a mistake and an un-necessary sacrifice of fetal life to advise caesarean section upon the mere presence of bleeding and without regard to the imminence of serious anemia in the mother whose infant is of less than thirty-four weeks gestation. It need hardly be added that the operation should be done when the patient's blood pressure indicates that she is capable of sustaining the shock and further blood loss involved in the procedure. We prefer the low cervical approach and have not found that the transverse incision affords any great improvement over the more frequently employed vertical incision.

We have performed caesarean section 18 times in the 31 cases of placenta praevia encountered. Nine cases were treated by ultra-conservative methods which involved no interference other than rupture of membranes and the use of low forceps. Four cases were treated by version and one by insertion of a bag, all of these occurring early in the series.

There was one maternal death, a maternal mortality rate of 3.2%. Our fetal mortality rate was 25.8%.

Premature separation of the normally implanted placenta may present a problem that varies from extremely mild to highly serious. In general we have treated our milder cases conservatively, rupturing the membranes and providing blood replacement when needed. These mild cases of separation have usually progressed to easy delivery without serious incident. At the other extreme are those critical cases in which the so-called utero-placental apoplexy has resulted in extravasation of blood into the uterine muscle to such a degree as to render it incapable of normal contraction. In such a situation caesarean section will offer the most favorable prognosis. It must, however, be remembered that the operation should never be undertaken until transfusion and other supportive measures have restored the patient to a condition compatable with reasonable safety. Not infrequently when these steps have been carried out it will be found that labor has begun and has progressed to such a point that it may now be possible to await delivery through the natural passages. Most obstetricians have noted occasionally at caesarean section for premature separation that first inspection of the unopened uterus reveals a bluish-purple organ filled with extravasated blood and promising little as to its ability to contract. However, after the uterus is opened and the distention relieved by delivery of the fetus, remarkable improvement occurs and it becomes possible to leave the uterus which earlier had seemed in danger of having to be removed. In much the same way it is frequently possible by rupturing the membranes and releasing the tension to promote definite improvement in the contractility of the uterine muscle when it has been invaded by blood from an area of placental separation.

Our incidence of premature separation of the placenta was 29 in 9123 deliveries — or 1 in 365. Caesarean section was employed in 14 cases and in none of these was it necessary to remove the uterus. There were no maternal deaths and the fetal mortality rate was 44%.

In conclusion, therefore, it is our opinion that ante-partum hemorrhage should be treated by selective rather than by standardized procedures. Accurate diagnosis is extremely important in choosing the appropriate means of treatment. However, it will be advisable, except in those instances where critical anemia and continuing rapid blood loss constitute an imminent danger, to defer examination until the patient has had time to react from the initial shock.

In placenta praevia the treatment selected will depend upon the completeness or incompleteness of the praevia and upon such other factors as parity, physical condition, duration of gestation, fetal presentation and position and degree of preparation of the soft parts for labor. In those cases of placenta praevia in which caesarean section is not elected, the treatment should be extremely conservative. The dangers involved in such procedures as version, scalp-traction and hydrostatic bagging are probably greater than the danger from blood loss when adequate replacement is readily available.

In premature separation of the placenta the treatment should be conservative except in those severe cases of utero-placental apoplexy in which the uterine musculature has been infiltrated to such a degree as to render satisfactory contraction improbable.

BIBLIOGRAPHY

1. Scott, W. A. — Am. J. Obs.-Gyn. 51: 48, 1946.
2. Eastman, N. J. and Yepes, L. G. — South. M. J. 39: 291, 1946.
3. Johnson, H. W. — Am. J. Obs.-Gyn. 50: 248, 1945.
4. Dippel, A. J. and Brown, W. H. — Am. J. Obs.-Gyn. 40: 986, 1940.

Proctologic Problems of Infants and Children

James B. Gillespie, M.D.
Urbana

Symptoms arising from disorder or disease of the anus and rectum occur not uncommonly in infants and children. Unlike the proctologic disorders of adults, which frequently necessitate operative procedures, the most common diseases in childhood are ordinarily treated with success by medical measures. This fact makes the early diagnosis and treatment of proctologic problems in these small patients most gratifying.

The rectum has its origin opposite the third sacral vertebra and it is formed embryologically from the lower, pouching blind end of the hind gut. The anus is derived from the ascending proctodeum. Congenital ano-rectal stricture is due to incomplete fusion of the descending mesenteron and ascending proctodeum during fetal life with resulting protrusion from the rectal wall into the lumen of the intestine at a point rarely more than 1 cm. above the sphincter ani.[1]

From the Department of Pediatrics, Carle Hospital Clinic, Urbana, Illinois.

Presented before the 108th annual meeting, Illinois State Medical Society, Chicago, May 10-12, 1948.

If these two processes fail to fuse entirely, the major defect of an imperforate anus results. Four varieties of congenital anomalies of the lower part of the rectum are described.[2]

Type 1. Incomplete rupture of the anal membrane or stenosis at a point 1 — 4 cm. above the anus.

Type 2. Imperforate anus due to persistent anal membrane.

Type 3. Imperforate anus with the rectal pouch separated from the anal membrane.

Type 4. Normal anus and anal pouch with a blind rectal pouch.

The varieties of rectal obstruction (Type 1) due to incomplete dissolution of the membranes between the hind gut and the proctodeum have been well illustrated by Patton.[3]

The anal canal begins where the rectum penetrates the floor of the pelvis. The mucous membrane of the anal canal is characterized by numerous permanent vertical folds or ridges known as the columns of Morgagni, and at the lower end these are connected by crescentic folds be-

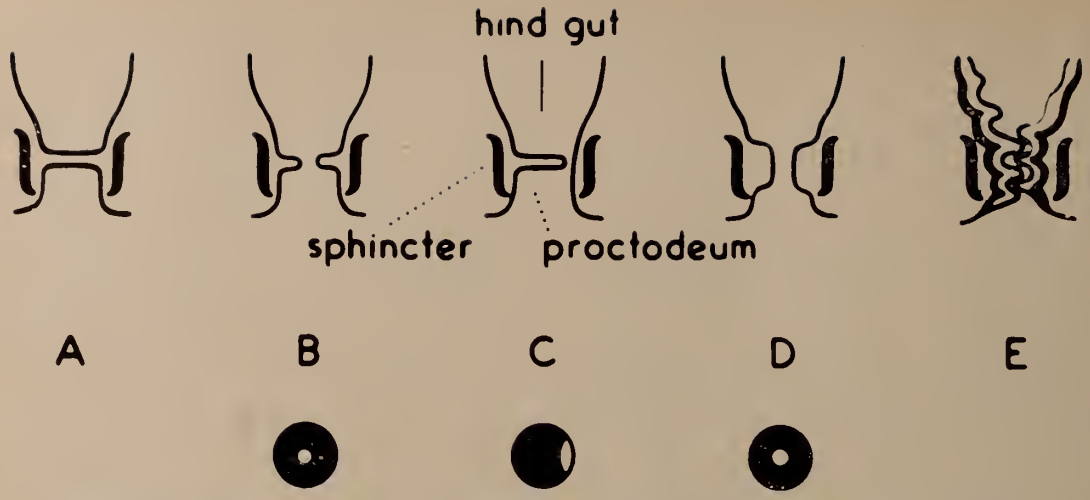


Figure 1. Varieties of Rectal Obstruction. (Courtesy of Patton, Edwin F.: J. Pediat. 27:532-539, Dec., 1945.)

tween which are small hollows called the crypts of Morgagni. The mucocutaneous juncture, a shallow annular depression, marks externally the junction of the skin of the perineum with the anal membrane.

The fetal rectum and sigmoid colon are lengthy, tortuous, and loop much higher into the pelvis than in later life. The infant, consequently, passes gas and stool with less ease than the adult and retention of gas, dry stools and constipation may be more frequent.

A rather frequent cause of constipation and abdominal pain in the infant is ano-rectal stricture (Figure 1). In cases where atresia and complete congenital occlusion occur, the symptoms are of intestinal obstruction and immediate surgical relief is needed. The anatomical defect of ano-rectal stricture, due to incomplete fusion of the descending mesenteron and ascending proctodeum, may vary markedly in degree and the severity of symptoms will be in proportion to the degree of stricture. This defect may exist as an iris form of membrane with a small opening or as a sickle shaped membrane. The infant may pass small, ribbon or pencil like stools, grunting, straining and becoming red of face on each occasion; prior to defecation abdominal pain may be severe. At times the stools cannot be passed without daily use of suppositories, soap stick, or enemata. These signs of ano-rectal narrowing may be noted in the first days of life but more often they become apparent after the infant has left the hospital nursery and during his first few weeks at home. The abdominal distention and colicky pains which result from such a defect are frequent, recurrent and unrelieved by changes in formula and the commonly used medications for dyspepsia in the infant.

Diagnosis of stricture is made by gentle rectal examination with a well lubricated and gloved finger. The stricture, usually noted 1 - 2 cm. above the anal opening, is identified as a firm, wire-like ring of tissue which tightly encircles the finger. Occasionally the stricture is a thin diaphragm immediately dissolved by the examining finger. The finger should be inserted to the first joint to accomplish dilatation. The initial examination is often painful and the infant may gasp, hold his breath and then cry vigorously. Though the diaphragm is bloodless in most cases, occasionally when the examining finger is removed a small amount of blood or a blood streaked stool will follow. It is my custom after the diagnosis of stricture has been made and the initial dilation has been accomplished in the office to have the mother repeat the procedure at intervals of every other day several times at home. Dilations, except for the first, are rarely painful or difficult and as a rule only three or four such treatments are needed. The graduated infant anal dilators available commercially have not been necessary to correct this defect in our experience.

Ano-rectal stricture is a common condition and will be diagnosed not infrequently when colicky infants with persistent constipation and straining at stool are examined rectally. Undoubtedly, certain infants after varying periods of time may dilate the narrowed area or rupture a thin membrane by repeated straining and forcing of bulky stools through the stricture. This condition may exist, however, into adult life before the diaphragm is first noted.[4] Attention has been called to the frequent occurrence of increased intra-abdominal tension due to phimosis, anal or urethral stricture, constipation, cough, and other conditions as an important factor in the development of hernia in infancy.[5]

Anal fissure is another frequent proctological disorder in infants and children. Periodic examination of the infant in the physician's office is not complete without careful inspection of the anus. Both abrasions and fissures, usually single but occasionally multiple, may occur subsequent to the passage of hard, dry stools, hard or rough particles in the stools, a fiber or hair, or from wiping with coarse materials. Anal fissure is an ulcerous lesion situated usually in the posterior commissure, occasionally in the anterior commissure and rarely on the lateral margins of the anus. Early attention to a simple abrasion may prevent the development of a fissure. Occasionally these lesions are symptomless but more often the infant cries with pain at each evacuation and occasionally streaks of blood are noted in the stool. External fissures are readily seen by gently spreading the anus apart; examination of internal lesions is simple when a small anoscope or otoscope with a large, well lubricated attached speculum is used after a cleansing enema. The pain resulting from anal fissure induces voluntary retention of stools and a vicious cycle is established. Retention produces a dry bulky stool which tends to denude the fissured area as it is passed and there results secondary infection with increase in the size of the fissure and continued pain at defecation.

Due to trauma from scybala of foreign bodies, constipation, diarrhea, or straining, the papilla and crypts may become infected with involvement of intimately adjacent tissues. This resulting proctitis appears as a bright red field of mucosa in contrast to the normal pink mucosa about it and the symptoms produced are similar to those of fissure. Occasionally, incontinence of stools (encopresis) has been a troublesome symptom in our patients with proctitis. Involuntary stools, occurring in an infant or young child whose regular bowel habits had been well established, may be the most distressing symptom to the parents. In consideration of proctitis, the possibility of gonorrheal, syphilitic, tuberculous and diptheritic processes must be borne in mind.

Treatment of anal fissure and proctitis may be divided into two parts. The local treatment is concerned with proper hygenic care of the affected area, applications to promote healing of the lesion and measures to obtain relief of pain at stool. The anus should be gently wiped with a soft material such as cotton after each stool. The area should then be cleansed with warm water so all particles of stool are removed from the fissure. Application of silver nitrate as solution or the stick at intervals aids healing; one application may be sufficient for small and recent fissures. The applicaton of mild ointments several times daily protects newly formed cells and permits epithelialization. Balsam Peru (5%) in white petrolatum or a preparation containing boric acid, zinc oxide, eucalyptal, scarlet red, prepared suet and white petrolatum have been useful in most instances. Where secondary infection is marked, sulfathiazole or penicillin ointments may be more helpful. The pain at defecation will be relieved by the topical application of some anaesthetic ointment as pontocaine, nupercaine, or diothane, twenty minutes before the usual time of stool. The ointment is applied from a tube to which is attached a slotted rectal adaptor and application may be made several times daily when treatment is started. After the infant has had several movements without discomfort, the dry, bulky stools of retention stop and anaesthetic ointments will be less frequently needed. Oil retention enemas, using one to two ounces of mineral oil, olive oil, or a proprietary baby oil may be useful when administered nightly for the first few days of treatment. Occasionally, deep ulcerated fissures may require dilatation one or more times under general anaesthesia. When this or other surgical measures are necessary, the child should be referred to a proctologist.

The second part of treatment is concerned with obtaining regular, small, soft stools. The

successful healing by local treatment may be dissipated with passage of a single hard stool. In the infant, such simple measures as an increase or change in the type of carbohydrate of the formula may be all that is required. In certain cases a non-diastatic malt extract (Borcherdt's Malt Soup) alone or with other carbohydrates has been very useful in the formula for correcting constipation of infants. The diets of older infants and children should contain whole wheat cereals, whole wheat bread or toast and daily serving of stewed apricots, peaches, prunes, or figs. The drinking of water should be encouraged. Often, some lubricant as Zymenol, Loraga, and Petrogalar may be necessary to establish soft stools and good bowel habits. These are administered in doses of one to three drams once or twice daily, diminishing the frequency and size of the dosage as the stools became regular and soft. Preparations which contain cascara, phenophthalein, and magnesia magma are always contra-indicated and as stools become soft and regular the lubricants should be tapered off and finally discontinued. A regular hour for toilet and a comfortable seating device for the infant at stool are essentials in establishing good habits and correcting constipation.

The treatment of proctitis is similar to that of fissure but generally must be continued for a longer period. I have found sulfasuxidine in a dosage of two grains per pound useful in the treatment of proctitis. While this sulfonomide therapy has always been combined with the other local and general measures, the duration of symptoms has been relatively short whenever such chemotherapy was used. Moreover, the symptom of encopresis, which is often resistant to treatment in my experience, has responded more promptly when sulfasuxidine was administered. Perhaps other of the sulfonomides would be equally effective.

Peri-anal dermititis may occur from fungus infections, infestation with pinworms or scabies, or from pyogenic infection. Fungus infection may be treated by the nightly application of one-third strength Whitfield's Ointment or with one of the newer preparations containing undecylenic acid. As the condition improves the ointments are used less frequently. Oxyuriasis is treated by the oral administration of gential violet with carbolated vaseline applied to the anal area each night. The small patient with pinworms should wear gloves or stockings on the hands at night to prevent reinfestation when scratching occurs. Scabetic lesions in the anal area are usually associated with scabetic lesions elsewhere on the body and are treated by the general application of a scabeticide from the neck down. The skin of many infants is sensitive to benzyl benzoate so the sulfur and balsam peru containing ointments may be preferred. Pyogenic infections usually respond promptly to the application of sulfonamide or penicillin ointments.

Anal fistula designates a discharging sinus or sinuses with one or more openings in the anal canal and an opening or openings either on the external surface of the body or in a neighboring viscus. The anus is usually the primary seat of the disease and with few exceptions the internal openings are in the anal crypts. These lesions are not common in children; in 1000 consecutive cases in which fistulectomy was performed at the Mayo Clinic only one patient was less than ten years of age.[6] We have seen an anal fistula in a male infant ten months of age. The abscess of anal fistula may form and "point" in various areas; the most common is in the external tissues about the buttocks and perineum. If an abscess forms and does not rupture it should be opened when it becomes fluctuant. The treatment of "fistula in ano" is surgical and for the proctologist.

The passage of blood by rectum is a symptom for which the small child may be brought to the physician. The blood may be dark, indicating it has come from high in the intestinal tract or bright red which indicates the bleeding has occurred in the colon, rectal or anal areas. It may streak the stool or be mixed with it. A brief discussion of the causes of melena is essential to consideration of pediatric proctologic problems. Anal fissure is undoubtedly the most common cause of rectal bleeding and is usually associated with painful passage of stools. Intussusception is next most common and the melena is associated with mucus and little or no stool. The blood is small in quantity, often passed with agonizing bouts of cramp-like pain, shock occurs, and a palpable, sausage-shaped tumor may be palpated both abdominally and rectally. Roentgen examination following bar-

ium discloses a menicus-like appearance of the barium at a point of obstruction. The commonest cause of exsanguinating hemorrhage from the intestinal tract of infants and children is Meckel's diverticulum and the hemorrhages may be small and repeated or so large as to be fatal. Other causes of melena are acute and chronic intestinal obstruction, Banti's disease with esophageal varices, polyps, dysentery, malignancy, swallowed blood from epistaxis, peptic ulcer, blood dyscrasias and ulcerative colitis. Fissure, proctitis, ulcer and polyps are visible through the proctoscope. In a series of eleven cases of polypoid lesions of the colon reported in children three to fourteen years of age, six patients also had lesions in the rectum.[7] Lesions beyond reach of the sigmoidoscope were diagnosed by roentgen examination. Hemorrhoids may cause rectal bleeding but are very rare in childhood.

Prolapse of the rectum is a descent of one or more layers of the rectum down through the anus. Partial prolapse which involves only the mucosa is especially common in early childhood and old age. Various anatomic predisposing factors which have been suggested in the case of children are (1) the considerable volume of the rectum in comparison with the organ in adults (2) weak fixation of the rectum (3) absence of the sacral curve and (4) the high position of the bladder and uterus at birth. Prolapse of the mucosa is likely to occur with straining at stool in children who have suffered prolonged acute infections or wasting diseases which lead to absorption of fat in the ischio-rectal fossa. Other causes are diarrhea, constipation and polyps.

The condition, while insidious at the start, may occur frequently later. Recently prolapsed tissue is pink and moist but in long standing cases it becomes red and edematous and purple when tightly compressed. Strangulation is an infrequent accompaniment but when it occurs may lead to gangrene. There is usually little difficulty in arriving at a diagnosis in prolapse cases since there are few conditions with which it can be mistaken. Intussusception presenting at the anus may be confusing but in such a situation the examining finger may be passed upward alongside the protruding mass into the rectum which is impossible in prolapse. Polyps are recognized by the pedicle.

The treatment of prolapse involves restoration of general good health by the proper medical and dietary measures and the elimination of any cause as polyps, stricture or constipation. The previously mentioned measures for obtaining soft small stools should be adopted so as to diminish straining at stool. The prolapse should be reduced after defecation and provisions made to prevent prolapse between evacuations. Recurrence between stools may be prevented by firmly strapping the buttocks together with adhesive tape. Evacuation of the bowel while lying on the side or back will diminish straining. In the event of repeated prolapse the injection of sclerosing solutions into the posterior submucous spaces by a skilled proctologist may be indicated.

Constipation which results from a disease variously designated as "congenital idiopathic dilatation of the colon", "Hirschsprung's Disease", or "megacolon" should be mentioned. Though this condition is not truly a proctologic one, the problem of obstinate constipation in the young child or infant may involve elimination of this condition in differential diagnosis. The disease is essentially one of childhood and the symptoms are obstinate constipation and a permanent huge distention of the abdomen. The thin walled abdomen, dilated superficial abdominal veins and the pattern of bowel loops visible on the abdominal wall are characteristic findings in these children. Rectal examination usually discloses a large mass of doughy stool and the dilated colon is well demonstrated by roentgenographic studies following a barium enema. Until the past few years, both medical and surgical treatments were generally regarded as unsatisfactory. More recently there have been reported most encouraging results with the cholinergic drugs.[8]

A somewhat similar problem is seen in those children with a greatly elongated colon (dolichocolon). These patients with the long and tortuous colon, however, show less abdominal distention and no dilation of the large bowel when roentgenographic studies are made.

Occasionally in a child with history of long standing and obstinate constipation the only finding is a greatly dilated rectal ampulla which is readily identified by the examining finger. This situation may result from repeated failure to observe the sensation of rectal distention by

stool or, in other individuals, there may be a disturbance of rectal innervation with absence of the sensation from distention. Whatever the etiology, treatment is with measures which prevent constant rectal dilation by stool masses. A program to promote soft stools of small bulk is essential in correction of this condition which has been noted not infrequently. Results of treatment in this group are not highly satisfactory in many instances.

Diseases of the rectum and anus are not uncommon in infancy and childhood. Fortunately, in most instances, early diagnosis and proper medical treatment will eliminate the necessity of surgical procedures for their correction. With few exceptions diagnosis of these conditions can be made by the physician from physical examination in the office.

BIBLIOGRAPHY

1. Abdominal Pain in Children; Brenneman, J.; J.A.M.A. 127: 691 Mar. 24, 1945.
2. Congenital Anomalies of the Lower Part of the Rectum; Lee, M. J. Jr., Amer. J. Dis. Child., 68: 182, Sept., 1944.
3. Proctological Problems of the Pediatrician; Patton, E. F., Jour. Ped.; 27: 532, Dec., 1945.
4. Brenneman: The Practice of Pediatrics, Hagerstown, Maryland. W. F. Prior Inc., 1942.
5. Hess, J. H., Mohr, G. J., Bartelme, P. F.; The Physical and Mental Growth of Prematurely Born Children, p. 434, The University of Chicago Press, Chicago, 1934.
6. Rankin, F. W., Bargen, J. A., Buie, L. A.; The Colon, Rectum and Anus, p. 593, W. B. Saunders Co., Philadelphia, 1935.
7. Polypoid Lesion of the Colon of Children; Kennedy, R. L. J., Dixon, D. F., and Weber, H. M., Surg., Gynec., and Obst., 77: 639, Dec., 1943.
8. Treatment of Megacolon with Acetylbetamethylcholene Bromide; Law, J. L., Amer. J. Dis. Child. 60: 262, Aug., 1940.
9. Congenital Megacolon: Peterman, M. G., Jour. Ped., 27: 484, Nov., 1945.

The Management of Vaginal Discharges

Walter J. Reich, M.D. and Mitchell J. Nechtow, M.D.
Chicago

The diagnosis and management of vaginal discharges constitute a common office procedure in gynecology.

In recent years the methods of diagnosis and treatment have advanced. There are numerous causes for leukorrheas, however, we are going to discuss four of the more common varieties, (1) trichomonas, (2) monilia, (3) condylloma acuminata and (4) chronic cervicitis.

Trichomonas vaginalis is probably one of the more common causes for vaginal discharge. At the Cook County Hospital gynecologic clinic about 25% of all cases of vaginitis are of the trichomonas type. The common subjective symptoms are those of pruritus, soreness and acquired dyspareunia. Examination usually reveals a yellowish, bubbly discharge and a reddened vagina and vulva. The hanging drop, consisting of normal saline and a small amount of the vaginal discharge, will present the motile trichomonads. It is a simple office procedure for establishing the exact diagnosis and does not require straining.

The management is divided into two phases: (1) prohylactic and (2) active. *Prophylactically* the woman is taught proper toilet hygiene. After defecation the wiping of the anus must be done from forward, backward; never from backward forward, because of possible contamination of the vagina by fecal deposits. The patient should avoid handling the vaginal tract with unclean hands: also not to use an enema tip for vaginal douching.

Whenever an enema is taken the patient should try to avoid the bed pan splash by placing a pledget of cotton in the vagina.

Actively: Twice weekly the vagina and labia are washed with Liquid Detergent (P. D. &

From the Department of Gynecology and The Fantus Clinic of The Cook County Hospital and The Cook County Graduate School of Medicine, Chicago, Illinois.

Presented before the 108th Annual Meeting of the Illinois State Medical Society, Chicago, May 10-12, 1948.

Co.). One part to two parts of warm water. This will remove the discharges and debris and will expose the vaginal mucosa to the full action of the medicament. When the vagina is dry and with the speculum well opened we insufflate 2-4 grams of a powdered mixture consisting of pulverized argyrol 20%; B. Lactose 40% and Kaolin 40% (Argypulvis A. C. Barnes & Co.). Avoid blowing directly into the cervical canal during pregnancy because of the possibility of air embolism. The patient is given a sanitary napkin which she wears day and night to avoid staining her clothes. At home she is instructed to take nightly an acidifying douche (2 tablespoons of white distilled vinegar to 2 quarts of warm water) after which she inserts a capsule (Argypulvis) deep into the vagina. To facilitate the dissolving of the capsule, instruct the patient to perforate each end of the capsule three times with a safety pin and to dip it into hot water for a moment or two. The patient is checked at the office once or twice weekly depending on the severity of the case. At each office visit, the hanging drop is examined for the quantity of trichomonads, so as to judge progress. If the case persists and does not respond readily or recurs after a complete cure, look for foci of reinfection. In the male the prostate, prepuce, bladder and urethra may be the sites. In the female check her Skene's ducts, endocervix, Bartholin gland, rectum, and urinary bladder. The location and treatment of the sites of reinfection are an integral part in the management of trichomonas vaginitis.

Monilia or yeast vaginitis is another annoying cause for leukorrhea. It constitutes probably about 8-12% of causes for vaginal discharges. Patients complain of leukorrhea, pruritus and vaginal soreness. Physical findings reveal white-grayish placques adherent to the vaginal mucosa. When these are wiped away capillary oozing will be noted.

It is often seen during pregnancy and in diabetics due to the increase of glycogen in the vaginal mucosa. The diagnosis of monilia is made by means of a hanging drop technique. The typical mycellia are readily seen in a high dry magnification.

The management is both prophylactic and active.

Prophylactically the same as given for trichomonas vaginitis. We have seen several cases among those who masturbate.

Active treatment is carried out during pregnancy. We have done this for many years and have not seen any ill effects or infections from this regime.

The vulva and the vagina are washed with liquid detergent as mentioned under trichomonas. After drying, the cervix, vagina and labia are painted with a mixture of 1% aqueous acriflavin and 1% gentian violet. The patient takes a sodium bicarbonate douche at home (2 tablespoons to 2 quarts of warm water). The prognosis is good; but during pregnancy the condition is stubborn and requires frequent office visits to keep the patient comfortable. After the baby is born there is often a spontaneous cure of the condition. The office treatment for monilia is given daily and often after a few treatments there is marked improvement.

Condyllomata acuminata constitute a lesser offender but is not uncommon. These lesions vary in size, shape and location. Condyllomata or papillomata are usually encountered on the vulva, perineum, para anal regions or intravaginally. If in doubt as to diagnosis a biopsy is advisable.

The treatment consists of the application of a hydrosorb base ointment containing 25% podophyllin directly over the condyllomata. One must be certain to protect the normal surrounding tissue with either vaseline, collodion or zinc oxide ointment.

The podophyllin ointment *must* be washed off with soap and water 4-6 hours after the application, otherwise marked reactions follow manifested by edema and tenderness. This treatment is effective only in the soft type of papilloma, and does not affect the fibrotic type. The medicament is irritating and possibly leads to vasoconstriction of the blood vessels and ischemia of the tissues; the tumor shrinks and falls off. This may be repeated once a week if necessary.

Chronic cervicitis is a frequent cause for leukorrhea. It is seen in all ages, but is especially common in the child bearing woman. It is present in almost all multiporous women, and is due to trauma to the cervix sustained during labor. A routine bioposy is indicated in cases of erosion or eversion, prior to cauterization. Each year

one or two cases of group one, early carcinoma of the cervix is encountered which appears grossly as an inflammatory lesions.

A simple nasal tip electro-cautery is employed to destroy the hyperplastic endocervical epithelium and the glands. The procedure is divided into two distinct phases: the endocervical cauterization, and the destruction of the ectropion or eversion. Both of these are done at the same sitting. The former is most important because the pathology begins here while the latter (eversion or erosions) is mainly secondary. Only "cherry red" heat is used to avoid deep penetration with possible resultant hemorrhage, fibrosis or stricture of the canal. The patient returns at weekly intervals for dilation of the canal; a simple probe, uterine dressing forceps or a cotton applicator is used. This prevents a possible leukometra, hematometra or pyometra.

Douching and sexual congress is not recommended for the next 10 to 14 days while the slough is still attached. The complete restoration of the cervical epithelium takes about 8 to 10 weeks. If further cauterization is necessary it should be delayed for three months following.

SUMMARY AND CONCLUSIONS

1. A brief clinical discussion of the diagnosis and management of trichomonas, monilia, condylloma acuminata and chronic cervicitis is presented.
2. Emphasis is placed on routine biopsy of all erosions and eversions prior to cauterization.
3. *LET NOT* the age of the patient dissuade one from taking a biopsy for microscopic study.

Intensive Treatment of Psychoses. Factors Influencing Improvement and Relapse

George Fenyes, M.D.
Chicago

The following paper does not claim to present any new and original theories concerning intensive treatment. It is the purpose of this short review to discuss the statistics and results of those treatments as they were given in our hospital in 1948 with some added remarks and practical considerations.

Both insulin and electric treatments are subject to criticism from several points of view; however, not all the criticism is entirely justified. Before all, we all know that we are dealing here with therapeutic measures, the theoretical basis of which is at least not entirely clear. All the explanations for both kinds of treatments are hardly sufficient for all the observations connected with them, and besides this none of these theories is generally recognized by all the psychiatrists. Those theories of intensive treatments we can basically divide in two main groups, namely the somatic and the psychological theories. It is true that there is a lot of resourcefulness and even ingenuity in some of those theories which were partly built up by the inventors of those therapies, partly by those who applied and modified them later. On the other hand, none of those theories is entirely free of controversy, and as for the two main groups none of those would be sufficient when used exclusively, at least not at the present stage of our knowledge. There cannot be much doubt about the importance of some specific physico-chemical factors. We cannot deny the psychological factors either. However, it is generally recognized that none of those factors would have the same effect when the other group would be entirely missing.

Presented at the annual scientific meeting of the Physicians' Association, May 19, 1949, in the Palmer House.

So at present we have no other way but to accept the presence of combined psychological and somatic factors. The recognition of the fact that the psychological factors in those cases are useful when connected with a basically physicochemical set-up, on the other hand hardly can be used as proof for the somatic origin of the diseases in which the therapy is more or less effective. Practically we are dealing here with an empirical therapy which contributed until now very little to our basic knowledge concerning those diseases where we used it. Schizophrenia, manic-depressive psychosis and involutional psychosis, the three main fields of intensive treatment, still remain of unclear etiology, regardless of the possible improvement on the basis of treatment.

One of the objections to the extensive use of insulin and electric treatments, the belief that they are dangerous, is less justified gradually. Nevertheless, we know that the use of insulin is still connected with possible dangers. Most of those, of course, may be avoided by using proper indication, by exclusion of unfit cases and by adequate nursing and medical supervision. As for electric shock treatments, its dangers are certainly exaggerated, since we all know that severe complications are extremely rare, and even the age limit has been extended to a higher age during the last few years. The fear of permanent organic brain changes as caused by those therapeutic methods is hardly justified, at least in the large majority of the treated cases.

Several well-known psychiatrists, among others the well-known analysts Brill and Fenichel, are using sharp criticism against the so-called shock treatments. They object to them on the basis that those somatic methods may lead to a possible negligence of the psychological aspects of personality which is the basis of our modern psychiatry. However, even if we recognize fully the importance of the dynamic aspects of personality, the objection to shock should be more against its indiscriminate and exclusive use than against its use itself. We cannot disregard the fact that we are in a position to achieve some improvement in some cases where we have no other practical way which can be used on a mass basis to reach the same results.

Contrary to those psychological objections, Kalinovsky, one of the greatest authorities in this field, denies that psychotherapy would play any role in the improvement of cases who are on shock treatment. The experience in our hospital, just as in many other places, shows that psychotherapy still may be considered as an important adjuvant during and especially after intensive treatment. The idea of some analytically-minded psychiatrists that those cases of psychosis in a large number would show marked improvement on plain psychotherapy has its own weak points. There are some theoretical, analytical contradictions to the use of deep analytic psychotherapy in the case of psychosis, and at any rate this method as it is suggested by Federn and Rosen would require a thorough-going modification of analytical treatment which is still not worked out entirely, and even if we would accept its efficiency in some exceptional cases it still would appear impossible to apply it in a large number of cases. Although we are in doubt about the practical applicability of that over-emphasized psychotherapy, we still believe that analytically-minded and common-sense psychotherapy is of great importance for the success in intensive treatment, and its more intensive use could bring probably still better results. There is little evidence for the statement of several psychiatrists that shock treatments would result generally in the adjustment of personality on a much lower level than before. There are certainly cases better adjusted after treatment than ever before.

An objection, somewhat more justified than the previous ones, is that in so many cases it does not help or helps temporarily only. It is necessary here to do a relative evaluation of success. The new ways of treatment, such as fever, sleep, carbon-dioxide and many others, are not so far yet that they could be used as standardized mass methods at present. Nor can we give definite opinions about brain surgery. The papers about it are controversial, both as for its theory and its results. At any rate, the surgical treatment of psychosis hardly could replace the older ways of treatment at present entirely, and probably most psychiatrists still would not advise cutting and destruction of neurons without previous attempts to make use of more conservative methods.

It is certainly not easy to decide in psychiatry in what case would we consider a patient as completely recovered, and so it is a difficult task to

evaluate how far we reach it by any therapy. Since the entire intensive treatment is not yet fifteen years old, even in the best cases we better should speak about far-going improvement than about recovery. And just what is the main criterion for improvement? Basically still the mental examination by the psychiatrist. Although behavior may be one of the important factors, we hardly can identify entirely improved behavior with true mental improvement. A more objective basis for our judgment is supposed to be given by the diverse psychological tests. Many psychiatrists, however, are in doubt if the psychometric tests are really much more objective than simple mental examination. The most highly praised personality test, the Rorschach, as we know, is not founded on a generally recognized theoretical basis, and at any rate it is too much dependent on the psychologist who is giving it in order to be used in a large number of cases as the main measure of improvement. The following statistical data did not make use of systematic psychometric tests, which, however, certainly would be worthwhile to be done, since those tests may be of value for a comparison in some cases.

Another way of judgment is that based on social improvement. We are in no doubt about it that the social factors need much more exact investigation. A practical point of view is the question how far those treatment cases were able to go home and stay at home. We have to know, of course, from the beginning that our patients' staying in the institution or going home is based on a combination of psychological and social elements, and we are unable to evaluate exactly the first without knowing more about the latter.

One of our most urgent practical questions is how far we would be able to decrease the population of our state hospitals by means of intensive treatment. In order to understand better this question let us mention a few numbers concerning our hospital population. In the last fiscal year there were the following changes in the population of Chicago State Hospital.

About 2,400 (2,347) new admissions, about 800 (803) of them being voluntary, and nearly 1,600 (1,544) committed. About 2,400 (2,353) patients were discharged in the same time, about 1,000 (986) of them received absolute and nearly 500 (473) conditional discharge. About 700 (712) patients died, and nearly 200 (182) patients escaped. Our present population is close to 5,000 (4,934), more than 2,300 (2,308) males and less than 2,700 (2,626) females.

The three groups of the so-called psychogenic psychosis, schizophrenia, manic-depressive and involutional, which may benefit from intensive treatment, constitute together between 35 and 40%, somewhat more than 1/3 of all our admissions. So even if those treatments could be applied in all those cases this still would mean a very slow effect on the decrease of our hospital population. As far as insulin and electric treatment was applied in the cases of organic brain disease, alcoholics, neurotics, psychopaths and other borderline groups, its result did not amount practically to anything. So in spite of using a symptomatic therapy only, we still may deal with at least partially specific influence on the phychosis.

In 1948, which is only partly identical with the previously mentioned last fiscal year, we have the following facts concerning treatment in our hospital. 415 patients received intensive treatment, 396 of those electric shock, 145 insulin; 126, the greatest part of the insulin cases, received before or afterward electric treatment, too.

In other words, in this widespread extension of our intensive treatment, somewhat less than 10% of the hospital population or nearly 20% of the new admissions received it. Considering the large number of the untreatable re-admitted and returned old cases among the admissions, actually hardly any case with an indication remained without treatment. From the beginning we see several obvious factors influencing the outcome of treatment. Not all the cases received a full course, and we cannot share the opinion that treatment should be given only until symptomatic improvement is achieved. In most cases we attempted to reach a certain number of treatments. For practical reasons, as in many other hospitals we attempted to reach 40 times the mesencephalic state, so-called comas, on insulin, while we know that several psychiatrists are pleading for 50 deep comas. Less than 30 comas we hardly can consider as complete treatment. Altogether, only 12 insulin cases were treated incompletely, partly on account of complications, partly on refusal of the family or the patient to permit further treatments.

The number of electric convulsive treatments, so-called shock, we standardized at 20 in schizophrenics and at 15 in affective psychoses. At present several phychiatrists advocate a much higher number of electric treatments. Cases with an indefinite number of electric treatments, so-called maintenance treatment, which is not generally recognized, we did not include in our present statistics. Reasons for early interruption of electric treatment were similar to those on insulin. The number of those cases who received incomplete treatment only was 12 on insulin and 36 on electric cases, so less than 10% of the total number.

As for those minor complications which occurred during the course of therapy, we are sure that their number still could be diminished by proper care, although it is questionable if they ever can be avoided entirely. The age variation in our cases was between 14 and 57 on insulin and up to 75 on electric shock. Nevertheless, there is no doubt about the increased risk of insulin at the age over 40 and of electric shock over 50, while the application of intensive treatment on adolescents was not connected with any special danger. In spite of some serious complications of insulin which are not too rare, none of the insulin-treated cases died. This fact is due to a great part to our nurses, who are few in number but excellently trained in this specific field. At present of all the cases treated with insulin in 1948 there is only one in the acute hospital with a possible lung abscess, a not entirely clear complication of insulin, while all the others, regardless of their mental status, are in excellent physical condition.

The well-known complications of electric treatment rarely result in permanent deformity, and the large number of electrically treated cases is in excellent physical health. However, there is one case in 1949 not included in the previous statistical group with a dislocation of the upper cervical spine leading to a partial compression of the spinal cord. This rare complication occurred in the case of an unmanageable and very combative patient and was caused apparently by hyperextension after treatment, and it is not entirely clear to me if those rare serious accidents, just as the more frequent minor ones, could not be diminished even more by means of more supervisory personnel.

Six patients who received electric shock treatment in 1948 are no more alive. It is not easy, however, to see a direct connection between treatment and death. One woman died of cancer of the uterus, another of uremia, both several months after completion of electric treatment and apparently without connection with it. The other 4 patients who died all belong probably to the same group of patients. Their mental illness started acutely with very vague symptoms. They were brought in after sitophobia in a catatonic and dehydrated condition. Electric treatment was given once or twice as a desperate attempt to make them eat; usually they did not get a convulsion, the treatment did not change much their condition, and they died within a few days afterward. What is the difftrence between those unfortunate cases and the large number of those who improved so greatly on the same treatment? The partial answer is the degree and duration of the dehydration. Apparently there is a reversible and an irreversible stage of it, and once the patient reached the latter stage nothing could help anymore, neither electric shock nor parenteral fluids. There is, however, another explanation still possible. In the large collective group of schizophrenia, a smaller group of more clear-cut toxic organic conditions may have been included. There was something common among all those cases; young age, acute beginning — by the way, 3 of those 4 were colored people — and they all did not react to electric shock with convulsions. There is the possibility that some cryptogenic organic condition produced metabolic products which may have heightened the convulsion threshhold. Post-mortem examinations did not reveal any definite findings, and certainly it is not easy to find a direct connection with the application of electric treatment. It could be worthwhile to examine those cases with laboratory methods and especially with EEG. The use of EEG is, however, of questionable value at the present stage of our knowledge, since the lack of cooperation and, even more, the possible use of sedatives, would disturb the results. Some new ways should be found to clear up those malignant cases of catatonic shock-resistant psychosis.

And how is the situation of intensive treatment cases concerning their stay in the state hospital? As mentioned before, 290 females and 125 males, together 415 patients, received

one or both kinds of intensive treatment in this one year. The distribution among the two sexes is not hard to explain. While the females in this area represent the main outlet for the psychotics, this is not the case with the males, a large number of psychotic males in the Chicago area going to Veteran's units. The still larger number of male admissions is reached by the much higher percentage of alcoholics and the somewhat higher percentage of general paretics among male admissions. Besides this, the larger number of female treatment cases is partly due, of course, to the higher percentage of affective psychosis in the female sex, while schizophrenia generally does not show too much difference between both sexes. In spite of the fact that still many more males are admitted than females, the state hospitals, besides the general tendency of slow increase in the general population, show very often another tendency: the increase of the female population. One of the chief causes for it is the large number of voluntary male alcoholics, most of those returning home again, and the returning rate of this male group is not equalled in number by any female group.

Concerning their stay in our hospital, we have the following numbers in the before-mentioned treatment cases. Among 125 men who received treatment, 53 are still in the hospital. Two died, as mentioned before, and 70 did not return to the hospital. Sixty men of those are still at home, 6 were deported to other states, and the fate of 4 escapers is still unknown. All those data are taken between 6 and 18 months after completion of treatment, so on average 12 months afterward. Examiner is conscious of the fact that this time is much too short for drawing far-going statistical consequences, since it is well known that many more cases would still return several years after completion of treatment. Nevertheless, there is no doubt about saving not only several months of hospital stay for a number of cases who received intensive therapy but even for their staying home much longer in a larger number of cases.

According to their generally larger number, the figures concerning the female treatment are more convincing. From those 290 women treated in the same period of time, 105 are still in the hospital, 4 died, as discussed before, and 181 did not return to the institution. 164 among those are still at home, 13 were deported, and the fate of 4 escapers is still unknown.

So our statistical data are the following. From 415 patients treated within a year, including nearly 10% of the cases treated incompletely, 158 are still here, while 6 died for various reasons, apparently not as direct complications of treatment. From those 158 patients who are still here, 41, or 35 women and 6 men, were already at home and returned to the hospital within the first year. Let us consider first those apparent failures of treatment, the 158 who either never went home or returned so soon. Opinions concerning failures in intensive treatments we find in the interesting book of Hoch by himself, by Wortis and Kalinovsky. They agree that the most common causes of failure are incomplete treatment and its use in cases without proper indication. We have to consider the latter factor as very frequent in the state hospitals, where many patients are treated out of mercy in desperate cases, on pressure of relatives or in order to reach some symptomatic improvement and better hospital adjustment. It is not easy, of course, to decide in this improperly indicated treatment group how far a symptomatic improvement was reached. Some of those cases, however, still were unable to leave the hospital, mainly because of their family and social situation. At any rate, 105 among those 158 were considered from the beginning as having a very poor treatment prognosis, and so only 53 could be declared as real more-or-less-complete treatment failures.

Those 41 patients who were at home and returned soon need special consideration. In the out-patient clinic of the Chicago State Hospital I had the occasion to follow up most of the cases who were released after treatment. This part of the work was done with the help of Mrs. G. Wilson, one of our very able social workers. Not all the released patients can be followed up, of course, by our social service. Some never show up in our out-patient clinic, some cannot be checked sufficiently, and altogether we have a much better control over the cases on conditional than over those on absolute discharge. Those two groups are close to, although not identical with, the groups of committed and voluntary patients. We cannot evaluate here this difference between the two groups. However, we all know

how insufficient is our checking on the voluntary patients. It is depressing to see the unfortunate social situation in the great majority of our released patients as it is presented in the social service reports and in the out-patient clinic.

224 patients, that means 60 men and 164 women, released after treatment are still at home, which means more than 50% of all treated patients, and this in spite of the fact that more than 25% of all the treated patients, as described before, did not promise much improvement from the beginning. In other words, since only 310 patients could be considered as cases fit for treatment and among those 224 are still at home, that means that more than 2/3 of the treated patients did not yet return. So we cannot deny, even if the number of recoveries is very questionable, that we have a large number of improvements and especially social improvements. As we discussed before, intensive therapy, even on this large scale, hardly could be a major decisive factor in the decrease of the population of the institution.

And now those 41 patients who went home after treatment and returned soon. Does it really mean that they had true relapses and the success of treatment was of very short duration only? Closer observation certainly proves that the very unhappy social and environmental factors were of paramount importance, and so we observed exogenous rather than endogenous relapses in the mental conditions of those patients.

Those 41 cases were checked thoroughly. Among the 6 returned men, 1 was married and 5 single. The marriage of the first was unhappy and poorly adjusted, and the 5 single men never made an independent adjustment. Most of those patients were admitted several times before treatment, and besides this, in each of those cases there was some special unfavorable environmental and social factor present. Conflict with father, over-protective mother, abnormal fixation on the sister, rivalry among brothers — all variations of Oedipus situation with pathological outcome played a role in their life, in one case even a marked hatred against a step-father, a kind of Hamlet situation.

Similar and other factors played a role in the 35 female patients who were treated, improved, were released, relapsed soon and returned to the hospital. 12 of those were single, and 23 were married. Again several of them were admitted before. Three of those cases were true psychopaths who were never really fit for treatment. The women who were married lived in an unhappy marriage without exception. One was a widow, 7 were divorced or separated, 9 in the group have children. The psychological factors in the female cases were similar to those in the males with some modifications. Marked Electra complex, jealousy between sisters, early death of parents, especially loss of mother, and living with other relatives were parts of their lives. With only one exception they all lived in extreme poverty. In several cases there was a marked struggle amounting to court proceedings between father or mother and husband. Several of those cases followed a certain well-known pattern: the woman, a housewife, in a good remission, taking care of the household and several children, and the husband, an alcoholic, in nearly all those cases brutal and without emotional understanding. The patient sometimes was torn up between husband and her own family. In most of those patients, the sexual maladjustment was obvious. In two of the returned patients, the married woman remained a virgin after several years of marriage. Frigidity was without exception.

In those cases of returned patients we found in the majority one more mentally ill person, in the minority two more mentally ill people in the same family. Besides the possibility of a hereditary constitutional factor, a somewhat controversial issue, we hardly can overlook the psychological and social importance of another mentally ill person in the family. This situation probably played as great a role in the relapse as in the original pathogenesis of the psychosis.

SUMMARY

1. Intensive treatment of psychosis, insulin and electric and very often a combination of both, is still of great importance in the state hospitals. In spite of their failures and shortcomings, it is worthwhile to apply them, especially in the most active cases of psychogenic psychosis. 2. Although those treatments are certainly more symptomatic than etiological, in a large percentage of cases they resulted in fargoing improvement, amounting very often to the return of the patients to their home. 3. treatment and lack of proper indication. All therapy itself and to a great part to incomplete

Causes of failures are only partly due to the these statistical results show only little deviations in various state hospitals. 4. None of those cases who stayed in the hospital or went home really received afterward systematic and continued deeper-going psychotherapy. Psychotherapeutic attempts following intensive treatment were of short duration only. The results may still improve by more systematic and complete psychotherapy. 5. Environmental and social factors cannot be estimated highly enough. A large number of patients could not go home after treatment more because of an unfavorable social situation than on account of a poor mental condition. All the cases who were at home for a short time only and returned soon were showing an unusual accumulation of the worst social factors. 6. A true depopulation of state hospitals hardly could be achieved by the increase of the number of treatment cases. This situation may be improved by a family-care program on a large scale, especially following treatment.

The various methods of intensive treatment, at present mainly on an empirical basis, are attempts to influence favorably both the psychological and the biological constituents of the human psychobiological unit. However, it is a requirement of our modern dynamic psychiatry that proper psychotherapy should be more closely integrated with the present physico-chemical treatments. It would be advisable on the basis of recent trends in psychiatry to consider human beings not only as psychobiological but actually as socio-psycho-biological units. So it appears essential to influence favorably the basic and truly pathogenic social and environmental factors of the individual patient in order to achieve deeper-going and more-lasting improvements on a larger scale.

THE ROAD AHEAD

Specialization has been constructive in bringing about better medical care. The general practitioner can properly and adequately take care of 90 percent of the needs of his community. There is nothing wrong with the public relations in a community served by general practitioners or family doctors. The family doctor is the one to whom the patient should go. He will know if and when the patient needs the help of a specialist and what kind of a specialist is needed. When the patient runs around from specialist to specialist, he thinks he has been under the care of a half dozen doctors, when in fact he has not had any. The general practitioner should hold the lines and referee the matter, correlating and coordinating, which the patient cannot do.

Excerpt, The Road Ahead, Frank L. Chenault, M.D., Decatur, Alabama, The Journal of the Medical Association of the State of Alabama, September, 1949.

CASE REPORTS



Coarctation of the Aorta and Aortic Insufficiency

Simon Zivin, M.D., and Saul L. Silver, M.D.
Chicago

Though the co-existence of coarctation of the aorta and aortic insufficiency, the latter on a basis of congenital bicuspid aortic valve or acquired disease, is not rare, these entities are overlooked frequently. In Abbott's series of 183 cases of coarctation of the aorta, bicuspid aortic valves were found in 50. Nelson's Medicine cites a series of 200 cases of coarctation of the aorta coming to autopsy, in which 51 were found to have bicuspid aortic valves. Other medical texts also attest to the frequency of these two conditions. In this case, findings consistent with coarctation of the aorta and aortic insufficiency were readily observed, yet despite innumerable medical examinations both were overlooked.

L. S. O., a 25 year old white male, was first seen at the Veteran's Administration Regional Office for a pension examination March 10, 1948. The following history was obtained from the examinee and previous service records. He enlisted in the service of the U. S. Coast Guard January 9, 1942 and was accepted after an authorized waiver was obtained for mild hypertension; the blood pressure was 150/90. He was asymptomatic at the time of enlistment and on January 8, 1945, after another complete physical examination was recorded as essentially negative, except for a blood pressure of 140/90, was declared fit for sea duty. On August 4th, 1945, while on shore duty in Naples, Italy, he was found unconscious, after being beaten severely, sustaining facial laceration and bilateral ocular ecchymoses. One week later, he suddenly developed a severe, spontaneous expistaxis for which

From the Medical Service, Veterans Administration, 366 W. Adams Street, Chicago, Illinois. Published with the permission of the Branch Medical Director, Veterans Administration, who assumes no responsibility for the opinions expressed or conclusions drawn by the authors.

From the Florsheim Heart Clinic, Northwestern University Medical School.

he was admitted to sick bay. Despite nasal packings, the epistaxis continued unabated, and he was transferred to an Army General Hospital, where he received 4 blood transfusions before the bleeding ceased. After 4 days of hospitalization, he was discharged back to duty. Aboard ship, daily blood pressure readings were determined, which fluctuated between 150-170/80-95. He was then returned to the United States, and on January 7, 1945, was given a disability discharge, with a diagnosis of arterial hypertension.

For the next 26 months, he continued to work as a carpenter and felt well, except for slight fatigue after a day of heavy work. During this period of time, he was under the care of several physicians who were seeing him once monthly and treating him for hypertension.

On March 10, 1948, he reported to us for pension examination as instructed. Examination revealed a well-developed individual who offered no physical complaints. Observation of the neck revealed moderately marked carotid pulsations; otherwise, the general physical inspection was negative. Blood pressure readings in the upper extremities were 190-210/110. The radial pulses were regular, full and bounding, with a rapid drop after the systolic phase. Palpation of the shoulders and scapular areas did not reveal any abnormal pulsations. The apex was localized in the 5th. intercostal space, 2 cms. inside the left mid-clavicular line. On auscultation, a loud, grade 4, blowing diastolic murmur was heard maximally in the 4th. interspace at the left sternal border. This murmur was transmitted down to the apical area and up to the base. It began immediately after an accentuated 2nd. aortic heart tone and reached a crescendo in mid-diastole. The blowing diastolic murmer was heard also in the back, just below the inferior angle of the left scapula. Palpation of the femoral arteries revealed the pulses to be diminished markedly in intensity. Blood pressure readings were 136/82 in the lower extremities.

A chest roentgenogram revealed notching of the inferior borders of several ribs, marked diminution in the size of the aortic knob and slight enlargement of the left ventricle.

Following this examination, the following diagnoses were established: 1. Coarctation of the aorta. 2. Aortic insufficiency. The diagnosis of the former was readily established from the findings of hypertension in the upper extremities, marked decrease of the pressure in the lower extremities, and the x-ray findings of notching of the ribs and marked diminution in size of the aortic knob. The aortic insufficiency was then considered to be the result of a congenital lesion. The examinee denied any history of venereal infection and never had a rheumatic infection. The Wassermann test was negative. These facts eliminated the possibility of it being on an acquired basis. Since statistically, it is not uncommon for a bicuspid aortic valve to be associated with coarctation of the aorta, the congenital aortic valve defect as the etiologic factor of the insufficiency is the most likely explanation. It is also more tenable to explain the co-existence of these entities on a single etiologic basis, congenital cardiovascular anomalies, than to postulate a combination of factors.

In brief review, this case is presented because of the interesting co-existence of two congenital cardio-vascular entities, and because these conditions existed undertermined despite repeated physical examinations, during and after service, without either being properly established.

(Since this article was submitted for publication, a second, similar case was examined by the authors in Sept. 1949.)

BIBLIOGRAPHY

1. White, P. W.: Heart Disease Third Edition, Mac Millan. 1944, 305.
2. Nelson, Loose Leaf Medicine. Walter W. Palmer, B.S., M.D., Ed. Coarctation of the Aorta-Adult Type, Vol. IV; 251, 1947.
3. Clark, R. D. and Firminger, H. I.: Coarctation of the Aorta associated with Adams-Stokes Syndrome, Complete Heart Block and Bicuspid Coleareans Aortic Valve. New England Journal of Medicine — Vol. 240, No. 18, 710-714, 1949.

PATHOLOGY CONFERENCES

EDWIN F. HIRSCH, DEPARTMENT EDITOR



Presentation of Two Cases

Philip W. Graff, M.D.

CANCEROUS MELANO — BLASTOMA OF THE EYE WITH VISCERAL METASTASES

A 62 year old white woman entered St. Luke's Hospital for the first time on December 7, 1948 and died January 8, 1949. Two years prior to admission her left eye had been removed because of a tumor. For six months prior to the operation she had had pain and redness of the left eye and following the operation until her admission to this hospital she complained of anorexia, malaise, and weight loss. About six months before admission she developed persistent back pain, and two months before, an abdominal mass was palpable. She also complained of episodes of nausea and vomiting which had lasted several weeks, and edema of the ankles for a few days.

The patient was emaciated and dehydrated. The left eye was absent and there was no evidence of recurrence of the tumor within the orbital cavity. The right eye reacted normally and the funduscopic examination was essentially normal. The blood pressure was 108/70 mms. of Hg., the temperature was 98.6°F., the pulse 92 and the respirations 20 per minute. The heart was normal. The abdominal examination revealed no tenderness, rigidity or distension but the liver was markedly enlarged. There was pitting edema of the ankles. The blood had 4,020,000 erythrocytes and 9,950 leucocytes per cmm. and 12 grams per cent of hemoglobin. Of 100 leucocytes 24 were lymphocytes, 7 were monocytes, 59 were neutrophils, 6 were band forms, 3 were basophils and 1 was an eosinophil. The clear, dark amber, acid urine contained no albumin or sugar, but melanin was demonstrated by chemical tests. The urinary urobilinogen was 6 mgms. per 24 hours. The blood Kahn test was negative. The blood non-protein nitrogen was 38 mgms. per cent and the blood chlorides 504 mgms. per cent. The alkaline phosphatase was 16.1 Bodansky units and the cephalin flocculation in 24 hours was a trace and in 48 hours was plus 2. The blood sedimentation rate was 25 mms. in one

From The Henry Baird Favill Laboratory of St. Luke's Hospital, Chicago.

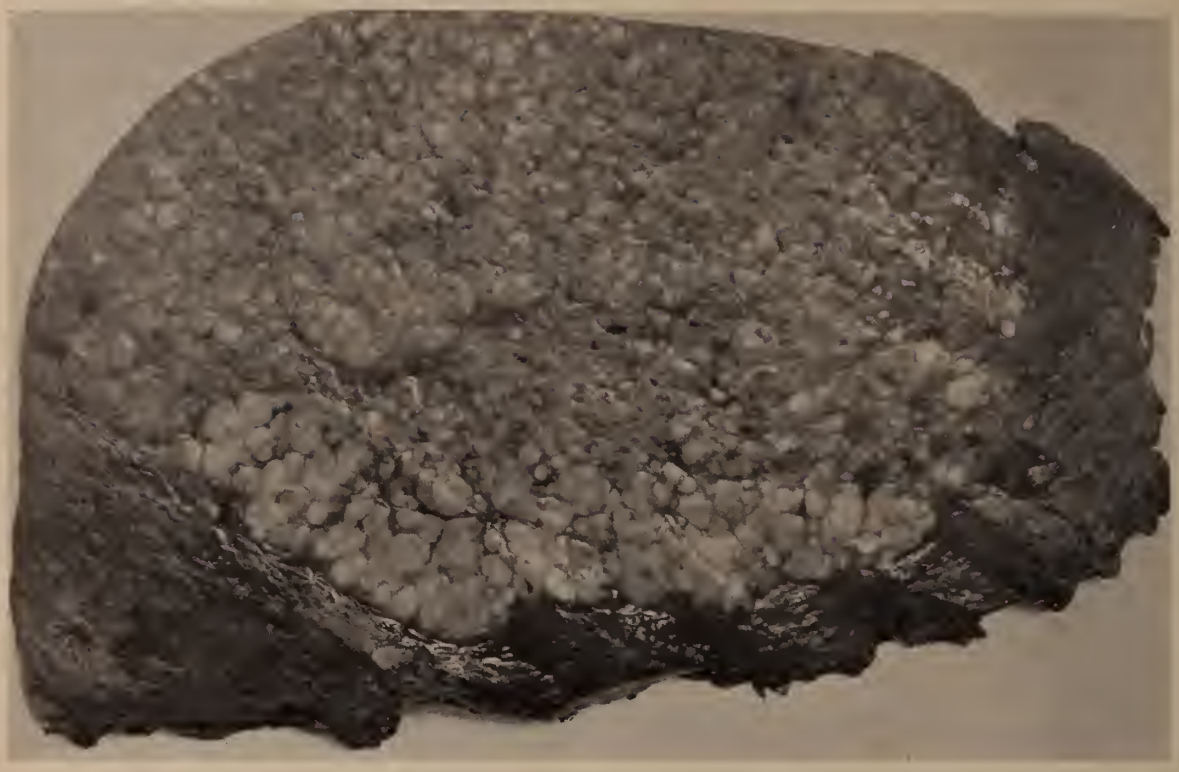


Figure 1. Photograph illustrating the extensive metastatic cancerous melanoblastoma of the liver.

hour. On the 11th hospital day the alkaline phosphatase had risen to 25.6 units. The total quantitive bilirubin was 3.7 mgms. per cent with a direct of 1.9 mgms. and an indirect of 1.8 mgms. per cent. The thymol turbidity was 5 units and the quantitative urobilinogen 1.26 total Ehrlich units. There was no bile in the urine. On the 17th hospital day the blood urea nitrogen was 34 mgms. per cent, the non-protein nitrogen 82 mgms. and the creatinine 2 mgms. per cent. The blood phosphorus was within normal range. The total quantitative bilirubin had risen to 6.6 mgms. per cent with a direct of 3.5 mgms. and an indirect of 3.1 mgms per cent.

The patient was given cannabis and morphine for pain. She ate poorly and had episodes of vomiting. Her condition became progressively worse, she became weak and lethargic and needed increasing amounts of morphine for relief of pain. She died on the 21st hospital day. The clinical diagnosis was metastatic melanoblastoma of the liver (primary melanoblastoma of the left eye).

The essentials of the anatomical diagnosis of the necropsy are:

Old surgical enucleation of the left eye (cancerous melanoblastoma);
Extensive metastatic melanoblastoma of the liver, the biliary lymph nodes and the skin;
Ascites;
Slight left hydrothorax;
Edema of the ankles;
Marked emaciation;
Generalized icterus;
Multiple subepicardial petechial hemorrhages of the heart;
Multiple petechial hemorrhages of the skin of the abdomen and thighs;
Senile nephrosclerosis of the kidneys.

The body of this emaciated and markedly jaundiced white woman weighing 100 pounds had numerous blue-black nodules ranging to 8 mms. in diameter in the skin of the upper portion of the back over a region 14 by 15 cms. There was a marked generalized icterus and numerous petechiae of the skin of the abdomen and thighs. The left eye was absent and there was no local recurrent tumor. The abdomen contained 1500 ccs. of clear, dark yellow fluid. The urinary bladder was distended with dark brown urine

which reacted strongly to the ferric chloride test for melanin. The huge liver weighed 4775 grams. (Figure 1) The lower edge of the left lobe of the liver extended 14.5 cms. below the tip of the xiphoid in the midline. The lower margin of the right lobe of the liver in the right anterior axillary line extended 14 cms. below the costal arch. The lower edge was rounded. The liver tissues were almost black but in the right lobe was a wedge-shaped region, slightly elevated, 20 by 13 cms. with some brown liver tissue and grey nodules, that ranged to 5 mms. in diameter, along with blackened tissues. The remainder of the liver, especially the left lobe was markedly blackened and in the right lobe were black and grey nodules that comprised most of the tissue, but with some intervening brown liver substance. The capsular surface was nodular but beneath in the blackened tissues were residues of brown liver substance and also nodules of grey and spongy brown tissue ranging to 1 cm. diameter. The tissues on surfaces made by cutting were firm and elastic. The lobular pattern was entirely obliterated and throughout were blackened nodules that ranged to 1 cm. in diameter. In the right lobe corresponding to the wedge-shaped region described were nodules of black or grey and others grey with a smudge of black. The biliary lymph nodes were a blackened tissue mass 4 by 3 by 0.8 cms. Surfaces made by cutting were firm black tissues. The pancreas weighed 60 grams and was coarsely lobulated. There was no obstruction of the common bile or pancreatic ducts. The portal vein, the superior and inferior mesenteric veins were not unusual. The spleen weighed 50 grams and was 8 by 5.5 by 2.5 cms. The capsule was slate grey and wrinkled. On surfaces made by cutting the spleen was firm dark red tissues with a coarse filigree of trabecular markings. The Malpighian bodies were distinct. The suprarenal glands were not unusual. The right kidney weighed 100 grams, and was 11 by 5.3 by 3.3 cms. The capsule stripped with slight resistance from a finely granular, tan-brown surface with a few small cortical retention cysts. The dark brown cortical tissues were 6 mms. wide. The pyramid tissues were grey-brown and ranged in height to a maximum of 18 mms. The cortical markings were distinct. The renal pelvis and ureter were not unusual. The left kidney weighed 95 grams, and was 11 by 5 by 3.5 cms. The left kidney was similar to the right. The right pleural space was partially obliterated by scattered fibrous bands between the lung and the chest. On the left side there were fibrous bands between the apex of the lung and the chest. Behind and below were approximately 150 ccs. of dark yellow fluid. The left lung weighed 300 grams. The tissues were emphysematous and mottled slightly with carbon. The lining of the pulmonary veins was smooth and glistening. The lining of the pulmonary arteries had slight fatty and fibrous changes. The lining of the bronchi was hyperemic and in the lumen was a small quantity of blood-tinged fluid. On surfaces made by cutting, the lower lobe was moderately hyperemic. The right lung weighed 230 grams. The right lung was similar to the left. The pericardial sac and epicardium was smooth. On the front of the heart was a small amount of edematous fat tissue. There were multiple petechial hemorrhages beneath the epicardium. The myocardium was brown fibrillar tissue with moderate cloudy swelling. The coronary arteries had fatty and fibrous changes but the lumens were widely patent. The thyroid gland weighed only 5 grams. The lateral lobes were about equal in size, 2.7 by 2.2 by 1 cms. Surfaces made by cutting were tan-brown thyroid tissues separated into irregular nodules by grey-white fibrous tissue. The brain weighed 1425 grams. The dura was stained yellow with bile. The cerebro-spinal fluid was clear and bile tinged. The leptomeninges and brain had no noteworthy changes. The paranasal sinuses, the venous sinuses of the dura and the ear cavities were not unusual. Microscopic examination of the grey-white nodular portions of the liver tissues had solid masses of cancerous melanoblastic cells in a fine fibrillar stroma, arranged in dense cords and alveolar aggregates. The cells varied somewhat in size and shape but most of them were large and had an oval vesicular nucleus and considerable pale, finely granular cytoplasm. A few scattered cells contained a large amount of brown granular pigment. Other nodules had spindle-shaped cells, some also containing brown granular pigment. The histologic preparations from the blackened portions of the liver tissue had large masses of tumor cells arranged in mosaics and cords, and small aggregates. The tumor cells varied considerably in shape but most tended to be elongated or spindle shaped (Figure 2) arranged in whorls

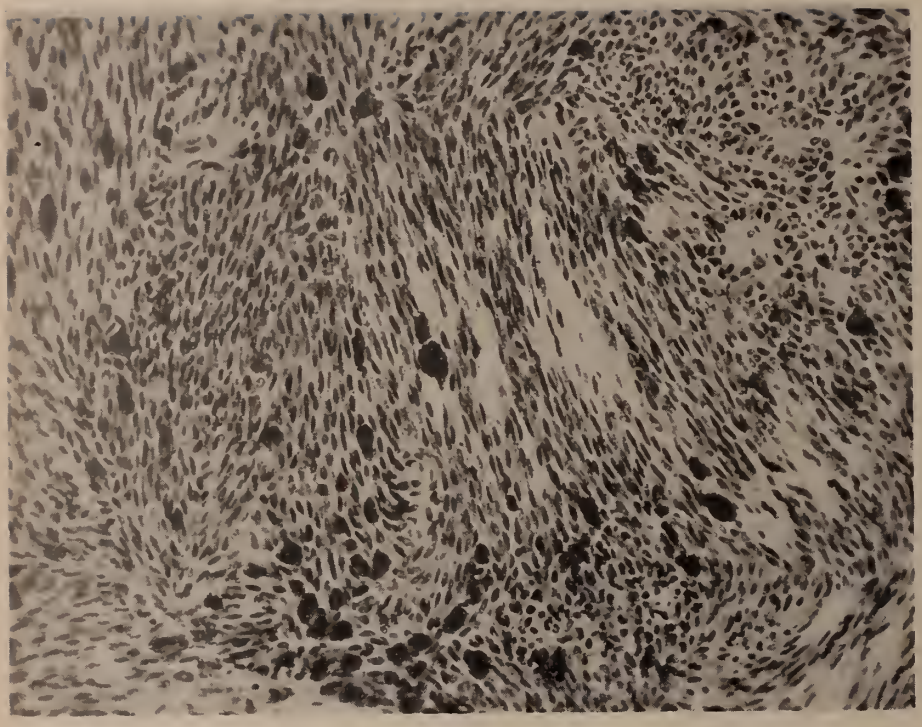


Figure 2. Photomicrograph illustrating the spindle cell structure of the cancerous melanoblastoma.

in a variable amount of fibroplastic stroma. They contained small and large amounts of brown granular pigment. Other oval-shaped cells had an abundance of pigment. The biliary lymph node tissues were partially replaced by a fine fibrillar stroma with masses of tumor cells containing variable amount of brown granular pigment. The thyroid gland histologically also contained microscopic masses of tumor cells.

COMMENT

Intra-ocular cancerous melanomas occur about equally in males and females, more frequently in the fifth and sixth decades, and rarely in children. The tumor may arise from any part of the choroid, the ciliary body or iris. Hematogenous metastasis is a great hazard and may develop from a small unsuspected tumor apparently confined to the eye. Metastases may occur into any tissue and may not manifest their presence until many months or even years after removal of the eye. The liver is a common site of metastasis, is usually extensively involved and becomes huge. This patient is in the age group in which intra-ocular malignant melanoblastomas occur most frequently. Her subjective symptoms were apparently present but a few weeks before her eye was removed, yet metastases had already occurred.

ECLAMPSIA IN A THIRTY-TWO YEAR OLD MULTIPARA

This 32 year old white female, a para II and gravida IV, entered St. Luke's Hospital for the 5th and last time on March 28, 1949. She died on March 29, 1949. The patient was seen at St. Luke's Hospital in 1943 when she had a spontaneous miscarriage at 4 months' gestation which was followed by a dilatation and curettage. In 1944 and in 1947 the patient had normal deliveries without complications. Except for some morning nausea for several months, the prenatal course of her last pregnancy was uneventful until March 5, 1949, about 2 months before the expected date of delivery. At this time she developed edema of the fingers and her blood pressure was 140/50 mms. of mercury, having been 110/70 the month before. The urine contained 5 mgms. per cent of albumin. She was placed on a low salt diet, a limited fluid intake, phenobarbital and restricted activity. Two weeks later the blood pressure was 126/74 mms. of mercury and the urine was normal. She had no complaints. The patient gained a total of 17½ pounds. She was well until the day before admission when she awoke at night complaining of abdominal discomfort, and had some nausea and vomiting. About 4 hours later the patient



Figure 3. Photograph illustrating the hemorrhages and necrosis of the liver.

had a convulsion, which was thought by the husband to be a fainting spell. In the next four hours 4 more convulsions occurred before the attending obstetrician was called. She could not be aroused from her last convulsion and was brought to the hospital.

She was in the 7th month of pregnancy and unconscious when admitted. The temperature was 98.2°F. rectally, the pulse 88 and respirations 12 per minute. The blood pressure was 180/120 mms. of mercury. The head, neck and chest examinations were essentially normal. The uterus was the size of the 7-month gestation. No fetal heart tones were heard. There was a slight bloody show. The reflexes of the extremities were normal. The bloody urine, with a Ph of 6.0, contained more than 2000 mgms. per cent of albumin and microscopically large numbers of casts of several types were seen. A later urine specimen contained a trace of sugar and a 2-plus acetone.

Shortly after admission the patient had a convulsion. She was given oxygen, magnesium sulfate, morphine, sodium amytal, sodium pentothal and hypertonic glucose. After the first stage of labor lasting 6 hours, she delivered a slightly macerated stillborn male fetus and the placenta. Her blood pressure was 190/130 mms. of mercury, the pulse 88 and respirations 14 per minute. The patient never regained consciousness. The urine output decreased markedly. Despite extensive supportive therapy the patient became worse. She became markedy cyanotic and respirations ceased. The clinical diagnosis was eclampsia.

The essentials of the anatomic diagnosis of the complete necropsy are:

Extensive focal and hemorrhagic necrosis of the liver — eclampsia;

Puerperal uterus — abruptio placenta;

Acute nephrosis and ischemia of the kidneys;

Edema of the brain;

Blood-tinged cerebrospinal fluid:

Marked hypermia of the leptomeninges of the brain;

Edema of the sealp, the hands, the legs and the perirenal and superior mediastinal fat tissues;

Bilateral hydrothorax;

Hyperemia and submueosal hemorrhages of the lining of the large and small bowel, the right renal pelvis and ureter and the urinary bladder;

Hemorrhages of the perirenal fat tissues, ligamentum hepatoduodenale and gallbladder.

The body of this adult white female weighing 125 pounds had slight edema of the sealp, of the hands and the lower extremities below the knees. There were reeent contusions and hemorrhages of the lower lip. The uterus was palpable 10 cms. above the symphysis pubis. The mammary glands were hypertrophied as with pregnancy and had dilated duets eontaining a milky seeretion. The abdomen eontained an estimated 500 to 800 ces. of a blood-stained fluid in the various recesses. The uterus extended 13.5 cms. out of the pelvis, and between the horns was 9 by 10 cms. The cavum of the uterus was filled with a huge blood clot, which was attaehed to the anterior wall and protruded from the external os. Surfaees made by cutting the myometrium had soft, grey, hemorrhagic fibrous and musele tissue. The ovarian blood vessels were dilated, tortuous and ranged to 1.2 ems. in diameter. The left ovary contained a large corpus luteum of pregnaney. The lower margin of the left lobe of the liver was 1 em. below the tip of the xiphoid process in the midline and the lower margin of the right lobe of the liver was at the costal margin in the right anterior axillary line. The liver weighed 1570 grams. The lower margin was rounded and the eapsule was smooth. Beneath the eapsule were numerous hemorrhages, many confluent dark red eentrally and surrounded by bright red more recent hemorrhages (Figure 3). The hemorrhages comprised about 75 per eent of the subeapsular surfaee of the right lobe and about 50 per cent of the subcapsular surface of the left lobe. Surfaces made by cutting the liver had many extensive hemorrhages. The parenchymal tissues remaining were tan-brown. The right and left hepatic ducts and common bile duets had no changes. The biliary lymph nodes were edematous, but there was no obstruction of the bile ducts. The pancreas and panereatie duet were not unusual. The spleen weighed 150 grams, was hyperemic and had prominent Malpighian bodies. The thoracic duct contained blood-stained fluid. The perirenal fat tissues were markedly edematous and hemorrhagic. The right kidney weighed 170 grams and was 13 by 7 by 4.5 ems. The eortex of the kidney at the base of a pyramid was 8 mms., the corresponding pyramid was 10 mms. The deep red pyramidal tissues ranged in height to 21 mms. and the intervening columns of Bertini to 20 mms. The eortex was tan-grey and the eortical markings were diminished so that the glomerular tufts were no longer visible. The dark red-brown medullary tissues contrasted sharply with the tan-grey eortex. The right renal pelvis and right ureter had numerous submucosal petechial hemorrhages (Figure 4). The left kidney weighed 195 grams and was 13 by 6.5 by 5 ems. In all essential details the left kidney was similar to the right. The suprarenal glands were not unusual. The lining of the large and small bowel had numerous peteehial hemorrhages. The pleural cavities eaeh contained 300 ccs. of slightly blood-tinged fluid. There was a marked hemorrhagie catarrhal tracheitis and bronehitis. The right lung weighed 350, the left 260 grams. The dependent portions were hyperemic and edematous. The heart weighed 270 grams. The foramen ovale was patent through an oblique slit 2 by 1 ems. The myeoeardium and coronary blood vessels were not unusual. The thyroid gland weighed 13 grams. Surfaces made by cutting were tan-brown tissues moist with colloid. The lining of the upper portion of the trachea was edematous. The leptomeninges were markedly hyperemic. The eerebrospinal fluid was blood-tinged. The brain weighed 1210 grams. The brain was slightly edematous. The convolutions were somewhat flattened and the sulci correspondingly narrowed. The lining of the paranasal sinuses was edematous and the lumens contained a small amount of viseid secretion material. The lining of the venous sinuses of the dura was smooth and in the lumens was fluid blood. Cultures of the peritoneal fluid, the pericardial fluid, the pleural fluid, the heart blood and spinal fluid had no growth. The microscopic examination of the liver tissues demonstrated extensive periportal hemorrhages and focal necrosis in the periphery of the lobules.



Figure 4. Photograph illustrating the acute parenchymatous changes of the kidneys.

Beneath the thin capsule were numerous focal hemorrhages. The central veins were generally small and contained only a few erythrocytes. The sinusoids generally were narrow, some were dilated. The parenchymal cells were swollen. Peripheral and other portions of the lobules were necrotic, hemorrhagic and infiltrated with a few leucocytes. In some lobules the necrosis extended from the periphery to the mid-zone regions. The periportal blood vessels were hyperemic and about them were small hemorrhages. There were no unusual changes in the bile ducts. The liver cells had slight fatty changes. The glomerular tufts of the kidney were vascular. There were no adhesions between the capillary tufts and capsule. The lumen of the capillary loops were narrowed and contained little blood. The Bowman's capsules were thin. The lining cells of the convoluted tubules were swollen and in the lumen were granular precipitates. The lining cells of the collecting tubules were also swollen. The lumens contained masses of red blood cells, eosinophilic granular precipitates and hyaline casts. The stroma was not appreciably increased. In the subcapsular regions were a few small focal infiltrations of lymphocytes. There was also an acute urinary cystitis.

COMMENT

This 32-year old multipara in her 7th month of pregnancy developed edema of the hands and an elevated systolic blood pressure and albuminuria. She was placed on a low salt diet, a limited fluid intake, phenobarbital and restricted activity. She improved under treatment. About 3 weeks later she had an explosive attack of convulsions with coma and hypertension. She delivered a slightly macerated infant that was thought to have been dead but a few hours. She remained in coma, and following delivery had another convulsion and developed marked oliguria. The blood pressure remained elevated. Despite supportive treatment she became cyanotic and died within 24 hours from the onset of the convulsions.

NEWS OF THE STATE



BUREAU

Fifty Year Club Member.—Dr. O. J. Flint, Princeton, was presented the certificate and insignia of membership in the Fifty Year Club of the Illinois State Medical Society at a recent meeting of the Bureau County Medical Society. The presentation was made by Dr. Joseph O'Neill, Ottawa, Councilor of the Second District.

CHAMPAIGN

Society News.—Dr. Arnold Jackson, Madison, Wisconsin, addressed the Champaign County Medical Society recently on "Hypothyroidism, Diagnosis and Management."

COOK

Branch Meeting.—"The Use of ACTH in the Treatment of Rheumatoid Arthritis" was discussed by Dr. David E. Markson, associate professor of medicine, Northwestern University Medical School, at a meeting of the North Shore Branch of the Chicago Medical Society, November 1. Dr. Max Samter, assistant professor of medicine, University of Illinois College of Medicine, spoke on "Allergy—Newer Trends in Treatment."

Society Election.—Dr. Fred Shapiro was elected president of the Chicago Orthopaedic Society at its recent meeting. Other officers are Dr. Earl S. Leimbacher, vice president; Dr. Manley A. Page, president-elect and Dr. Sam W. Banks, secretary-treasurer.—Officers of the Chicago Society of Internal Medicine are Dr. Sidney Strauss, president; Dr. Howard L. Alt, vice president and Dr. Ernest G. McEwen, secretary-treasurer.

Society News.—The Chicago Rheumatism Society was recently addressed by John R. Mote, medical director of Armour Laboratories, on "Physiology and Metabolism of the Adrenal Cortex in the Human Being" and Matthew Taubenhaus, associate attending physician at Michael Reese Hospital, on "Endocrine Aspects of Connective Tissue Development." Officers of the Chicago Rheumatism Society include Edward F. Rosenberg, president and Stanley Fahlstrom, secretary-treasurer.

Legal Medicine.—The Chicago Medical School sponsored four lectures on Legal Medicine early in December by Dr. Leone Lattes, chairman, department of medical jurisprdudence at the University of Pavia, Italy. The titles of the lectures were "Identification of Blood Stains and Secretions", "Paternity Tests", "Legal Aspects of Industrial Medicine", "Legal Medicine of Blood Transfusion."

The Jaffe Lecture.—The fourth Richard H. Jaffe lecture was delivered November 25 by Dr. Granville A. Bennett, professor and chairman of the department of pathology, University of Illinois College of Medicine, on "Reactive and Neoplastic Changes in Synovial Tissues."

Dr. Herrick Honored.—Several hundred Fellows of the Institute of Medicine of Chicago and prominent guests paid tribute to Dr. and Mrs. James B. Herrick at a reception given with the University of Chicago Press in the Institute's rooms on Monday, October 24, from 4:30 to 6:00 o'clock. The reception was held to mark the publication of Dr. Herrick's autobiography "Memories of Eighty Years."

Appointments at Chicago Medical School.—The following faculty appointments have been made at the Chicago Medical School: Dr. Israel M. Becker, instructor in medicine; Dr. Bernard E. Cohler, assistant in urology; Dr. Marvin S. Freilich, instructor in radiology; Dr. Lawrence S. Mann, instructor in surgery; Dr. Vera Perlmutter Morkovin, assistant in surgery; Dr. Laurence H. Rubenstein, instructor in thoracic surgery; Dr. S. Lloyd Teitel-

man, instructor in surgery and Dr. Philip Warsaw, assistant in medicine. Dr. Roscoe C. Giles has been appointed assistant professor of surgery at the Chicago Medical School, it was announced recently by Dr. John J. Sheinin, Dean.

Dr. Giles, who received his medical degree at Cornell University College of Medicine, has been senior attending surgeon to Provident Hospital since 1925, and alternate attending surgeon at Cook County Hospital since 1947.

Alumni Election.—Dr. F. Lee Stone, class of 1910, was recently elected president of the Medical Alumni Association of the University of Illionois for the coming year. Other officers are Drs. Edward A. Christofferson, president-elect; Walter J. R. Camp, first vice president; Fred L. Glenn, second vice president; Michael H. Streicher, secretary-treasurer and Walter E. Simmonds, necrologist. Medical Alumni Association councilors are Drs. William Plice, T. Wachowski, Franklin Wilson, H. M. Swenson, D. S. Beilin, Roy O. Riser, B. Cushman, O. Hawkinson, William Sladek, L. Wood, Charles H. Phifer and Paul Grabow. Dr. Streicher is chairman of the nominating committee; Dr. Frank Thometz and Dr. Grabow also are on the committee.

CRAWFORD

Ninety-Five Years of Age.—Dr. James M. Mitchell, Oblong, observed his ninety-fifth birthday, October 14. It is interesting that Dr. Mitchell taught in rural schools for twenty-four years before he obtained his medical degree.

DE WITT

Society News.—Dr. F. Garm Norbury, Jacksonville, addressed the De Witt County Medical Society, October 12, on "Psychosomatic Medicine."

FULTON

Dr. Davis Chosen Outstanding General Practitioner.—Dr. Ernest E. Davis, Avon, who will begin his forty-ninth year in the practice of medicine in Illinois, was chosen as Fulton County's outstanding general practitioner at a meeting of the Fulton County Medical Society, October 20. Dr. Davis, who is the son of a physician, graduated at Northwestern University Medical School in 1900.

KANE

Staff Election.—Dr. Donald Dick was elected president of the medical staff of Delnor Hospital at a recent meeting. Other officers are Dr. Norman J. Schreiber, vice president; and Dr. C. B. Weingarden, Wheaton, secretary-treasurer.

LA SALLE

Society Election.—New officers of the La Salle County Medical Society are Dr. A. F. Lenzen, La Salle, president; Dr. Thomas E. Ryan, Ransom, vice president; and Dr. Martin J. Rosenthal, La Salle, reelected secretary-treasurer.

LEE

Personal.—Dr. Gene A. Sullivan, Amboy, was recently elected president of the Lee County board of health.

MACON

Physician Honored.—Dr. C. Martin Wood, Decatur, who began the practice of medicine in 1899, was presented with membership in the Fifty Year Club of the Illinois State Medical Society at a recent meeting of the Macon County Medical Society. Dr. Wood graduated at the University of Michigan School of Medicine, 1899, and has been a member of the Macon County Medical Society since that year, serving as president since 1910.

MC HENRY

Ninety-Three Years of Age.—Dr. W. S. Eshbaugh, Marengo, celebrated his ninety-third birthday, October 7. Dr. Eshbaugh began the practice of medicine in Marengo in 1884. He was deputy coroner for fifteen years, health officer for more than forty years and served one term as alderman of the second ward.

GENERAL

Bowman Crowell Honored.—Dr. Bowman C. Crowell, Chicago, recently retired associate director of the American College of Surgeons, has been awarded the American Cancer Society's 1949 medal in recognition of his outstanding contributions to the control of cancer.

Diabetes Diet Manual Available.—The American Medical Association has just published an unusual diet manual for physicians to give to their diabetic patients. This booklet provides space for the physician to enter his individual patient's daily gram requirements in each of the main food groups: vegetables and soups, fruits and juices, breads and cereals, meats, milk, cream and butter and fats. Corresponding as well as related foods are listed according to the number of grams a patient may take and stay within his daily requirements.

Size of the manual is only 2-5/8" x 4-5/8" so that it can fit easily into a vest-pocket or purse, and it has a gray washable plastic cover without printing on the outside so that the manual may be referred to in public without attention being called to the fact that the reader has diabetes. The inside front cover has spaces for the patient's and the physician's name, address and telephone. There is an introduction for the patient and words for those who use insulin.

Single copy, $.35; 10 copies, $2.75; 25 copies, $6.75; 50 copies, $13.40; 100 copies, $26.60. Postage prepaid.

The dietary method used in the booklet was devised by Dr. Arthur R. Colwell of Northwestern University Medical School.

MARRIAGES

Charles Michael Van Duyne, Pontiac, to Miss Anna Christine Pearce, San Francisco, recently.

Walter Pinkus to Miss Lois Ferdinand, both of Chicago, recently.

DEATHS

William McKinley Allen, Chicago, who graduated at the State University of Iowa College of Medicine, Iowa City, in 1928, died August 13, aged 51, of chronic myocarditis.

Norton West Bowman, Flora, who graduated at Miami Medical College, Cincinnati, Ohio, in 1895, died suddenly October 9, aged 77. He had practiced medicine in Clay County for 55 years and was a member of the Illinois State Medical Society "Fifty Year Club."

Edward D. Canatsey, Jacksonville, who graduated at Barnes Medical College, St. Louis, in 1904, died October 27, aged 70. He had practiced medicine in Jacksonville 34 years.

William C. Danforth, Evanston, who graduated at Northwestern University Medical School in 1903, died November 11 in Evanston Hospital, aged 71. He was Chief Emeritus of the Department of Obstetrics and Gynecology at Evanston Hospital and professor of gynecology and obstetrics (Emeritus) at Northwestern.

Lawrence Gary Gould, Lombard, who graduated at Chicago Medical School in 1941, died in Idaho Springs, Colo., in August, aged 36.

Garrett J. Hagens, retired, Chicago, who graduated at Northwestern University Medical School in 1891, died November 13, aged 81. He had practiced medicine in Chicago more than 50 years.

Louis J. Harris, Chicago, who graduated at the University of Illinois College of Medicine in 1906, died October 26, aged 68.

Anna Bolender Hinds, retired, Berwyn, who graduated at the University of Illinois College of Medicine in 1905, died in October, aged 78, following a long illness.

Donald W. Killinger, Joliet, who graduated at the University of Illinois College of Medicine in 1927, died October 18, aged 48. He was president of the Will-Grundy County Medical Society.

Adam B. Knapp, Belleville, who graduated at the University of Tennessee School of Medicine in 1892 and practiced medicine in Vincennes, Indiana for 55 years, died September 8, aged 87 of arteriosclerotic heart disease.

Roscoe Genung Leland, Chicago, who graduated at the University of Michigan Department of Medicine and Surgery in 1909, died at his home, October 17, aged 64, of acute coronary occlusion. In 1931 Dr. Leland became director of the Bureau of Medical Economics of the American Medical Association. During World War II he was appointed a supervisor of the consultant office in the headquaters of the AMA for the Procurement and Assignment Service for Physicians, Dentists and Veterinarians and a member of the Health and Medical Committee of the Selective Service System.

Soren Svalheim Norsman, Chicago, who graduated at the College of Physicians and Surgeons, School of Medicine of the University of Illinois, in 1900, died August 13, aged 85, of cerebral hemorrhage.

Garrett A. Norton, retired, Aurora, who graduated at Rush Medical College in 1884, died October 23, aged 90. He had practiced medicine in Kane County over 50 years.

Maurice Oppenheim, Chicago, who graduated at Medizinische Fakultät der Universität, Wien, Germany, District at the Frisina Hotel, Taylorville, December in 1899, died October 26, aged 73. He was professor and head of the department of dermatology and syphilology at the Chicago Medical School.

Thomas W. Rice, Centralia, who graduated at Missouri Medical College in 1897, died October 19, aged 77.

Clarence Olds Sappington, Chicago, who graduated at Stanford University School of Medicine, Stanford University, San Francisco, in 1918, died November 6, aged 69. He was consultant in industrial health, industrial hygiene and occupational diseases.

Alfred Henry Stephani, retired, Chicago, who graduated at Rush Medical College in 1886, died October 7, aged 84.

Abraham Joseph Weinberg, Chicago, who graduated at Rush Medical College in 1920, died August 7, aged 53, of melano-sarcoma of the jaw.

"FOR THE COMMON GOOD"

Health Talk Televised on WGN-TV.—"Peanuts, Pennies and Safety Pins" was the title of a telecast, October 26, over WGN-TV, when Paul H. Holinger, showed his collection of foreign bodies and demonstrated the procedure of removal. X-rays and instruments aided in the visual demonstration. Other telecasts in the weekly series of the Educational Committee of the Illinois State Medical Society, in cooperation with WGN-TV, were:

Danely P. Slaughter, November 2, on Maybe It is Cancer. X-rays instruments and slides were combined to tell the story.

Evan Barton, November 9, on What's New in Arthritis. In this telecast, which discussed rheumatoid and osteoarthritis, a vial of ACTH and actual hog pituitaries, lent through the courtesy of Armour Laboratories, gave visual emphasis as to why the drug was not yet available for public distribution.

Tom Jones, November 16, Visual Health Education. All known and established media used in visual health education were displayed and demonstrated through the new medium of television.

With the exception of the November 9 telecast, when Dr. Samuel J. Hoffman, director of the Hektoen Institute for Medical Research, acted as moderator, Dr. Theodore R. Van dellen appeared in this role.

Lectures Arranged Through the Educational Committee of the Illinois State Medical Society.

George M. Cummins, Chicago, The Borrowed Time Club in Evanston, November 29, on Geriatrics.

Harry M. Hedge, Lakeview High School in Chicago, November 22, on Cosmetics and You.

Rudolph Novick, Chicago Lawn Woman's Club.



When "The 'Old Laak' in Mental Care" was telecast aver WGN-TV an September 7, 1949 aut-moded restraining devices were used. The cast (left to right): Richard H. Graff, Supt., Pearia State Haspital; Jo Linder af the Saciety's Chicaga affice; Gearge A. Wiltrakis, Dir., medical and surgical services, Illinais Dept. of Public Welfare; Frank McGarrin, DePaul University student; Theadare R. Van Dellen; and, in the crib, Pat Mahaney, DePaul student and part-time emplayee af the Society's affice.

December 6, on Keeping Up with Your Years.

Norman T. Welford, La Grange, the Harvey Junior Woman's Club and American Association of University Women, December 12, in Harvey, on Problems of Parenthood.

W. W. Bolton, Public Health Chairman, Illinois Federation of Women's Club, in Chicago December 15, on What Health Education Should Mean to You.

Robert R. Mustell, Park Manor Woman's Club in Chicago, January 3, on The Menopause.

Alex J. Arieff, Town and Garden Woman's Club, in Chicago, January 10, on Psychosomatic Medicine.

Carl H. Hamann, Rockford, Harvard Woman's Club, January 16, in Harvard on Your Mental Health.

John L. Reichert, Woman's Auxiliary, Jackson Park Branch of the Chicago Medical Society, January 17, on Our School Health Program: A Challenge to the Medical Profession.

Charles W. Scruggs, Calumet High School PTA, in Chicago, January 18, on Superstitions About Health.

Alfred D. Biggs, Daniel J. Corkery PTA in Chicago, January 19, on Your Child's Mental Health.

Herbert E. Schmitz, Woman's Auxiliary, West Side Branch of the Chicago Medical Society, January 20, on Maybe It Isn't Cancer.

Ernest W. Gutzmer, Villa Park, Lansing Woman's Club in Lansing, January 23, on The Menopause.

Lectures Arranged Through the Scientific Service Committee of the Illinois State Medical Society:

Frank F. Maple, Chicago, Stephenson County Medical Society in Freeport, November 17, on Cesarean Section.

P. V. Dilts, Springfield, Macoupin-Montgomery County Medical Societies in Carlinville, November 22, on Arthritis.

Lindon Seed, Chicago, Sangamon County Medical Society in Springfield, December 1, on Present Treatment of Thyroid Disease.

James H. Mitchell, Chicago, Bureau County Medical Society in Princeton, December 13, on Fungus Diseases, including Differential Diagnosis.

Frank Dickinson, Ph.D., Northwest Branch of the American Academy of General Practice in Chicago, December 16, on How Rich Are You?

Michael L. Mason, Chicago, La Salle County Medical Society in La Salle, January 12, on Crushing Injuries of the Hand, illustrated.

Postgraduate Conference in Pekin.—A Postgraduate conference was held for the Fifth Councilor District of the Illinois State Medical Society at the Pekin Country Club, Pekin, November 17, with Harold M. Camp, Monmouth, secretary of the state society, and Ralph F. Peairs, Normal, Councilor for the District, presiding, and with the Tazewell County Medical Society acting as host. The following Chicago physicians participated:

Samuel M. Bluefarb, Newer Methods in Dermatologic Treatment (kodachromes).

Lyle A. Baker, Clinical Aspects of Pericarditis, illustrated.

John W. Huffman, Cancer of the Cervix.

Frederick H. Falls, Cesarean Section.

After a social hour and dinner, John T. Reynolds discussed "Diagnostic Problems and Operative Precautions in the Treatment of the Acute Surgical Abdomen."

Conference in Taylorville.—A Postgraduate Conference was arranged for the Seventh Councilor District at the Frisina Hotel, Taylorville, December 15, with W. A. Monaghan, Taylorville, president of the Christian County Medical Society, presiding.

In the evening, the speakers were Claude E. Lambert on "Principles of Fracture Treatment," and Edwin S. Hamilton, Kankakee, member of the Board of Trustees of the American Medical Association, What the Coordinating Commitee is Doing.

Both these conferences were arranged through the Postgraduate Education Committee of the Illinois State Medical Society.

and with the society acting as host. Following a luncheon, speakers included:

E. Lee Dorsett, St. Louis, "Breech Presentation and Delivery."

George A. Hellmuth, Newer Aspects of Cardiovascular Diseases.

Harry A. Oberhelman, Surgical Problems in Infancy and Childhood.

Franklin Corper, Nephritis in Childhood.

The Illinois Medical Journal

The Official Journal Of

The Illinois State Medical Society

INDEX TO VOLUME 96

July — December, 1949

Index To Volume 96

Issue	*Pages*	*Issue*	*Pages*
July	1-84	October	213-276
August	85-152	November	277-336
September	153-212	December	337-398

This index is arranged under the following headings: AUTHORS, CORRESPONDENCE, DEATHS, EDITORIALS, MARRIAGES, MEDICAL ECONOMICS, NEWS OF THE STATE, ORIGINAL ARTICLES, PATHOLOGY CONFERENCES, PHYSICAL MEDICINE ABSTRACTS, STATE DEPARTMENT OF PUBLIC HEALTH, SOCIETY PROCEEDINGS.

Authors

A.

Adamski, Edward J., 259
Allen, Thomas D., 106
Anderson, Stanley D., 116
Arends, L. C., 357

B.

Barnes, John F., 117
Bendix, Richard M., 311
Bloomenthal, Ernest D., 311
Brewster, Capt. John M., 302

C.

Cipolla, Arthur F., 259
Coheen, Jack J., 245
Cross, Roland R., 161, 291

D.

Dillon, Walter F., 255

E.

Eisele, C. Wesley, 241

F.

Fenyes, George, 378
Ford, William L., 318
Fox, Paul C., 321

G.

Gillespie, B., 371
Gillesby, W. J., 173
Gowen, G. Howard, 348
Graff, Philip W., 387

H.

Hardy, A., 367

J.

Josephy, Herman, 323

K.

King, Lester S., 117
Kraft, Adolph, 249

L.

Levine, Herbert J., 178
Liebert, Erich, 186
Lonsen, Werner, 186

M.

Mann, Lawrence S., 314
Mason, Jack, 197
McCullough, Norman B., 241
Midgley, Calvin P., 116

N.

Narat, Joseph K., 259
Nechtow, Mitchell J., 376
Newberger, Charles, 306

O.

Oldberg, Eric, 364

R.

Reich, Walter J., 376
Rychener, Ralph O., 299

S.

Scatliff, H. Kenneth, 5
Schmitz, Herbert E., 255
Schuman, Leonard M., 219
Scott, Wendell G., 252
Schwartz, Stevens O., 197
Seidelmann, Otto F., 106
Silver, Saul L., 385
Simonds, J. P., 199
Stenn, Frederick, 237

T.

Teton, Joseph B., 194
Turner, Edward L., 229
Turner, Samuel G., 191

W.

Walsh, Frank J., 259
Weigel, Charles J., 175
Weiss, Manuel, 191
Whitaker, Mr. Clem, 180
Wolf, William, 249
Wurtz, Keith G., 264

Z.

Zelle, Kane, 142
Zivin, Simon, 385

Correspondence

Air Force Medical Reserve is Established 12
American Academy of Neurology 170
American Congress of Physical Medicine, The, .100
Blood Bank Ass'n to Meet in Seattle 100
Cancer of the Lung 11
Clinical Conference, The C.M.S. Annual 356
Clinics For Crippled Children:—
Listed for August 11
Listed for September 98
Listed for October 166
Listed for November 224
Listed for December 296
Listed for January 355
County Society Enlists Druggists' Aid 171
Doctor's Dilemma 169
Doctor is Your Name Listed? 356
Doctors Needed In Japan, ...298
Doctor's Wife Should Know, What Every, ...225
Gastroenterologists Meet In Boston 170
Gonorrhea Smear No Longer Required by Marriage Law 165
Hematologists Will Meet in England 355
I. C. S. To Meet in Atlantic City 100
Louisville Meeting, An Invitation to, ...297
Mississippi Valley Medical Society Meets at St. Louis, ...100
National Tuberculosis Ass'n. to Meet in Washington 297
New Fellows, American College of Surgeons ..355
Obstetricians Certify 236 98
Polio Patients, Cost of Care for, ...353
Postgraduate Courses, Chicago Medical Society, 99
Postgraduate Courses Offer Request Subjects ..165
Postgraduate Course on Urinary Tract Disorders 227
Public Health Officers Needed For Japan 97
Research Fellowship 12
Rotating Intern Phychiatric Resident 12
Training Program is Approved 356
Ulcer Data, Seeks 227
Urological Research, Prizes for 227
Woman's Auxiliary 168
"Your Mental Hospitals"-Acoholics 223
Geriatrics 97
Mental Illinesses, Types of 166
New Law for Mentally Deficient 354
Research Hospital, The New 295

Deaths

Allen, William McKinley 396
Alexander, David 82
Beltz, Dr. Andrew Hugh 274
Bennett, Henry Sumner 334
Bigelow, Frederick Egbert 334
Blake, Joseph Michael 334
Blech, Gustavus M. 274
Bowers, Hugh F.. 274
Bowman, Norton West 396
Bryant, John Howard 274
Burroughs, Wallace McMurray 82
Canatsey, Edward D. 396
Carlson, Hada M. 334
Christenson, Peter Joseph 82
Clark, Alger Arthur 274
Clark, Ralph Truman 150
Cohler, Lazarus N. 334
Conger, Sidney B. 82
Crum, Robey A. 334
Culbertson, Frederick David 334
Cuthbertson, Hugh A. 82
Dahlberg, Andrew V. 211
Danek, Eric Jacob 150
Danforth, William C. 396
Dostal, Ferdinand Edward 334
Doyle, Joseph Murray 150
DuComb, Mirza Phillip 150
Duncan, Clyde Earl 334
Dunn, Roland Jordan 82
du Plessis, Jean 334
Eckert, Alfred Fred 334
Eiss, Daniel Webster 82
Erickson, Hilding Walfred 274
Fleming, James Louis 334
Gaal, Ethel F. 211
Gould, Laurence Gary 396
Graves, Robert Elliott 274
Griffith, John Curtis 274
Grimes, John James A. 151
Hagens, Garrett J. 396
Hall, Franklin Ernest 334
Hanelin, William Benjamin 274
Harris, Louis J. 396
Hart, Sterling Perry 334
Hinckle, William Albert 211
Hinds, Anna Bolender 396
Henderson, John Franklin 274
Hogan, Leo George 151
Hershman, Morris L. 274
Holberg, Edmond Arthur 275
Holland, William Ernest 82
Horodko, Edward Joseph 82
Howser, Reid Owen, ... 82
Jack, Cecil McKee 151
Jett, George Abraham 151
Johnson, Joseph Henry Shaver 151
Johnson Thomas Arthur 275
Jones, John Branson 83
Jones, William Shields 334
Killinger, Donald W. 396
Kinder, Anna M. Hennessy 275
Knapp, Adam B. 396
Lans, Nathaniel Benjamin 275
Leland, Roscoe Genung 396
Levy, Abraham J. 275
Lewis, James Lang 83
Loeffler, Ernst 334
Lottman, William August 334
Madden, Edwin Everett 83
Major, John C. 211
Marion, Norman Edward 334
Markin, Leonard E. 151
Maxey, Moss 151
Mueller, Louis Amandas 211

Norsman, Soren Svalheim 396
Norton, Garrett A. 396
O'Brien, William Alex 151
Oppenheim, Maurice 396
Pannenborg, Arthur Herman 151
Paris, James Leonard Sr. 211
Patton, Frederick W. 211
Peckardt, Kate E. 151
Peters, Frank Ellsworth 83
Phillips, Harold E. 211
Rahens, Jack I. 151
Rice, Thomas W. 396
Riley, Frederick J. 275
Rosenzweig, Edward Harry 151
Ross, John Alexander 334
Sandberg, Karl Ferdinand Marius 151
Sappington, Clarence Olds 396
Schiele, William Christoper 334
Sellett, Mitchell M. 275
Smith, Philip H. 83
Snider, Silas Sinclair 151
Sollis, George Albert 334
Soule, Earl A. 275
Stephani, Alfred Henry 396
Stoops, Perry Houston 334
Turner, Albert Franklin 334
Vahlteich, John Rudolph 275
Vaupell, Henry Jarrison 275
Weber, Joseph Cornelius 83
Weinberg, Abraham Joseph 396
Westra, Jacob John 211
Wharff, Howard Eliphalet 334
Whitefort, William J. 83
Yaeger, George Augustus 335
Young, John Glenn 335

Editorials

A. M. A. Investigation, The 339
ACTH and Cortisone 278
Annual Meeting, The 1949 1
1950 Annual Meeting to be Held in Springfield . 85
As Others See Us! 89
As They See It 279
Awards for Outstanding Papers Published in the Journal 278
Awards to Scientific Exhibitors at Annual Meeting 1
Book Reviews: July p. 48, August p. 52, September p. 64, October p. 60, November p. 62, December p. 52.
"By Appointment Only" 341
Cardiac's Horizon?, How Broad the, ...341
Do You or Don't You? 216
"Grass Roots" Conference, The (Scatliff) 5
Hall—Outstanding General Practitioner, Andy .337
Health Improvement Associations in Illinois .. 88
Hegelian Philosophy, The 154
Honoring a Faithful Physician 215
Hospital Births in Illinois 90
Illinois Physicians Exhibit Art 90
Inter-Professional Dinner and Forum 343
It's Your Move Doctor! 214
Medical Ethics 280
Medical History, Activities of Committee on, ..280
Mortality Rates In Illinois at an All-Time Low .153
New Offices and Clinic Buildings 10
New Officers, Your 2
Pictorial Report of the 1949 Annual Meeting ..101
Poliomyelitis In 1949 In Illinois 155
Resolution by The House of Delegates of the Illinois State Medical Society, ... 2
Speakers' Training Conference, The Second 213
Statistics Can Make Sense 4
Television and "Eye Strain" 87
The Doctor Looks in the Mirror 342
Thus Spake Zarathustra! 8
United Mine Workers' Health and Welfare Program, The 85
Use the Ammunition Furnished You 158
World Medical Association, The 285

Marriages

Feldman, John Laurence 151
Pinkus, Walter 395
Souders, John C. 211,151
Van Duyne, Charles Michael 395

Medical Economics

Campaigns For Funds and The Doctor 159
Consultations in Obstetrics 345
Medicolegal Testimony 217
Pathology, Economic Problems in the Practice of, ...287

News of States

Coming Meetings, Personals, Marriages, Deaths 78, 144, 207, 270, 329, 394

Original Articles

Acute Appendicitis With Perforation (Weigel) .175
Antenatal Thrombosis, *Case Report* (Weiss & Turner) 191
Antihistaminic Drug, Treatment of Common Colds With an, (Brewster) 302
Battle for Survival, The, (Mr. Whitaker) 180
Blood Requirements of the Surgical Patient, Estimation of the, (Mann) 314
Brucellosis, The Treatment of, (Eisele & McCullough) 241
Cholecystitis, (Kraft & Wolf) 249
Coarctation of the Aorta and Aortic Insufficiency, *Case Report*, (Zivin & Silver) 385
Colds With an Antihistaminic Drug, Treatment Of Common, (Brewster) 302
Diverticulosis and Diverticulitis, The Surgical Aspects of, (Keeley) 110
Effingham Hospital Fire, Lessons Learned In The, (Gillesby) 173
Eventration of the Intestine Through the Vagina

Following Vaginal Hysterectomy, (Fox) 321
Fulminating Eclampsia Associated With Fibrinogenopenia and Hemorrhage, *Case Report*, (Dillon & Schmitz) 255
Hemorrhage, The Treatment of Ante-Partum, (Hardy) 367
Hemorrhoidectomy, (Bloomenthal & Bendix) ..311
Hydramnios, Acute, *Case Report*, (Teton) 194
Infantile Hernia by Ligation, Treatment of, (Anderson & Midgley) 116
Leukemia, *Case Report*, The Coexistence of Pernicious Anemia and Chronic Lymphatic, (Mason & Schwartz) 197
Malignant Melanoma Virtually Limited to Serous Surfaces, *Case Report*, (Barnes & King) .117
Maternal Mortality in Illinois Hospitals, 1943-1947, (Newberger) 306
Medical Education and Practice, A Dean Looks at, (Turner) 229
Menace of the Coming Months, The, (Arends) .357
Multiple Cystic Lymphangiomas of the Omentum, *Case Report*, (Adamski, Walsh, Narat & Cipolla) 259
Neuritis, Allergic Retrobulbar, (Allen & Seidelmann) 106
Neurosurgery and the Illinois State Hospital System, (Oldberg) 364
Organic Disease in "Functional Illness" by Skull X-rays, Demonstration of, (Coheen) 245
Osler, Sir William, (Stenn) 237
Pernicious Anemia and Chronic Lymphatic Leukemia, *Case Report*, The Coexistence of, (Mason & Schwartz) 197
Pernicious Anemia in Patients with Chronic Arthritic Complaints, *Case Report*, Unrecognized, (Ford) 318
Poliomyelitis In Centralia, 1949, Forty-Two Cases of, (Levine) 178
Proctologic Problems of Infants and Children, (Gillespie) 371
Pyrogen Fever Treatment, Studies on a New, (Lonsen & Liebert) 186
Psychoses: Factors Influencing Improvement and Relapse, Intensive Treatment of, (Fenyes) 378
Rectal Bleeding and the Importance of Diagnosing Early Cancer of the Colon, Significance of, (Scott) 252
Retrolental Fibroplasia, (Rychener) 299
Vaginal Discharges, The Management of, (Reich & Nechton) 376

Pathology Conferences

Astroblastoma of the Brain with Sudden Death (Josephy) 327
Bronchial Carcinoma with Unusual Metastases (Josephy) 327
Cancerous Melanblastoma of the Eye With Visceral Metastases (Graff) 387
Chronic Glomerulonephritis (Simonds) 202
Diabetes Mellitus (Simonds) 204
Diffuse Carcinoma of the Stomach, With Early Misleading Metastases (Josephy) 323
Eclampsia in a Thirty-Two Year Old Multipara (Graff) 390
Mixed Mesodermal Tumors of the Female Genital Tract (Wurtz) 264
Multiple Myeloma of Bones, (Simonds) 199
Primary Carcinoma of the Ethmoid Sinus (Zelle) 142

Physical Medicine Abstracts

Physical Medicine Abstracts July p. 34, Aug. p. 44, Sept. p. 44, Oct. p. 50, Nov. p. 44, Dec. p. 38

Society Proceedings

Council Meeting Minutes
June 12, 1949 140
August 21, 1949 262
House of Delegates
First Session, May 16, 1949 13
Reports of Officers 14
Reports of Standing Committees 35
Reports of Council Committees 46
Second Session, May 18, 1949 122

State Department of Public Health

Centralia Emergency Polio Center, Interim Report on the, (Schuman) 219
Community Effort, Organized, (Cross) 291
Conferences on Hospital Food Service 95
Deep X-ray Facilities in Downstate Illinois, 1948 348
National Hospital Day, (Cross) 161
Public Health Legislation Passed by the 66th General Assembly 93

Multi-Vi Drops Supply

what the average infant requires

. . . adequate amounts

of **all** essential

vitamins

White's

Multi-Vi Drops

Water Miscible . . .
vitamin D chemically identical to that of cod liver oil . . .
Non-Alcoholic . . .
Inexpensive . . .
Very palatable . . .



Formula: Each 0.6 cc. contains:

Vitamin A	5000 U.S.P. units
Vitamin D_3	1000 U.S.P. units
Thiamine Hydrochloride	1.0 milligram
Riboflavin	0.4 milligram
Pyridoxine Hydrochloride	1.0 milligram
Sodium Pantothenate	2.0 milligrams
Nicotinamide	10.0 milligrams
Ascorbic Acid	50.0 milligrams

Bottles of 10 cc. and 30 cc.
(with calibrated droppers).

White Laboratories, Inc., Pharmaceutical Manufacturers, Newark 7, N. J.

WHY MANY LEADING NOSE AND THROAT SPECIALISTS SUGGEST

"change to PHILIP MORRIS"*

Where smoking is a factor in a throat condition, the physician may advise "Don't Smoke." But where the patient persists, many eminent specialists suggest "*Change to* PHILIP MORRIS"... the one cigarette proved definitely less irritating.** Perhaps you too will find it advantageous to suggest to your throat patients "*Change to* PHILIP MORRIS." For your own smoking as well, Doctor, in fact for *all* smokers, Philip Morris is by far the wisest choice.



PHILIP MORRIS

Philip Morris & Co., Ltd., Inc.
119 Fifth Avenue, N. Y.

IF YOU SMOKE A PIPE... We suggest an unusually fine new blend—COUNTRY DOCTOR PIPE MIXTURE. Made by the same process as used in the manufacture of Philip Morris Cigarettes.

*Completely documented evidence on file.

**Reprints on Request:

Laryngoscope, Feb. 1935, Vol. XLV, No. 2, 149-154; Laryngoscope, Jan. 1937, Vol. XLVII, No. 1, 58-60; Proc. Soc. Exp. Biol. and Med., 1934, 32,241; N. Y. State Journ. Med., Vol. 35, 6-1-25, No. 11, 590-592.



FULFILLING EVERY REQUIREMENT OF EFFECTIVENESS AND PATIENT-ACCEPTANCE

Ramses

TRADEMARK REG U.S. PAT. OFF.

VAGINAL JELLY*

1. Immobilizes sperm in the fastest time recognized under the Brown and Gamble technique
2. Occludes the cervix for as long as 10 hours—***effective barrier action***
3. Nonirritating and nontoxic —***safe for continued use***
4. Crystal clear, nonstaining, delicately fragrant—***esthetically agreeable***
5. Will not liquefy at body temperature—***not excessively lubricating***

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

FOR ECONOMY TO YOUR PATIENTS SPECIFY THE LARGE FIVE-OUNCE SIZE

TRADE MARK OF Ramses DEPENDABILITY

gynecological division

JULIUS SCHMID, INC.

423 West 55th St., New York 19, N.Y.

quality first since 1883

*Active Ingredients: Dodecoethyleneglycol Monolourate 5%; Boric Acid 1%; Alcohol 5%.

PHYSICAL MEDICINE ABSTRACTS

JOHN S. COULTER, DEPARTMENT EDITOR



THE PREVENTION OF POSTURAL DEFORMITY AFTER THORACOPLASTY

Bert A. Treister, M.D., Chief, Physical Medicine Rehabilitation Service, Veterans Administration Hospital, Brecksville, Ohio. In ARCHIVES OF PHYSICAL MEDICINE. 30:7:446, July 1949.

Thoracoplasty is the most efficient means of effecting permanent collapse of the lung in advanced pulmonary tuberculosis with cavity. This operation, usually carried out in multiple stages, entails the removal of several ribs and their adjacent transverse processes on one side of the chest. The removal of these bones detaches important muscular structures from their normal sites of insertion, thus disturbing their function in maintaining normal lateral stability of the spine. The imbalance thus produced initiates the development of a marked postural deformity, which, if unchecked by treatment, grows progressively worse.

My purpose in instituting a posture program at this Veterans Administration Hospital was to attempt to prevent or minimize the marked postural deformity that follows thoracoplasty. This program was prompted by the numerous complaints registered by patients who, having had the operation elsewhere, were admitted here because of recurrent disease. Their deformities usually were severe. They complained of pain in the chest, limited range of motion in the shoulder, awkward appearance and difficulty with wearing clothing. Since marked postural deformity creates social and vocational handicaps superimposed upon those created by tuberculosis, it is apparent that it is necessary, wherever possible, to minimize such deformity.

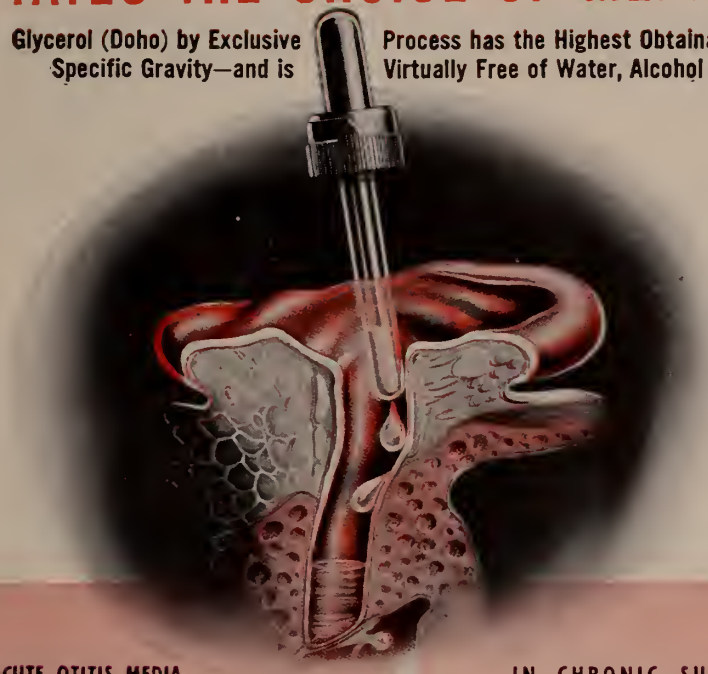
It is generally recognized that good posture is associated with good health and poor posture with poor health. The maintenance of good posture depends upon several factors, one among which is habit. Unnatural postural attitudes assumed for long periods, day in and day out, whether while standing, sitting or lying down, may lead to abnormalities which later become permanent. This results, perhaps, from the development of conditioned reflexes, the postural muscles becoming conditioned to the abnormal attitude. Another factor in poor posture can be muscular imbalance. This probably is the major cause of the deformity in posture occurring after thoracoplasty.

The posture program in this hospital is divided into two phases. The first of these deals with all patients; the second, with those having thoracoplasty. In the early stages of treatment patients spend many long weeks at complete bed rest. They often lie in bed with one or more pillows causing constant forward flexion of the head. When such a patient becomes ambulatory, he may become conditioned to this postural attitude and demonstrate a round shouldered posture. Prolonged reclining on a

(*Continued on page* 40)

THE INDICATION DICTATES THE CHOICE OF MEDICATION

Glycerol (Doho) by Exclusive Specific Gravity—and is Process has the Highest Obtainable Virtually Free of Water, Alcohol and Acids



IN ACUTE OTITIS MEDIA

REMOVAL OF IMPACTED CERUMEN

AS AN ADJUNCT TO SYSTEMIC ANTI-INFECTIVE THERAPY, AS PENICILLIN, ETC.

CONTAGIOUS DISEASE EAR INVOLVEMENTS

USE *Auralgan*

...because its potent decongestant, dehydrating and analgesic action provides quick, efficient relief of pain and inflammation in any intact drum involvement.

FORMULA:

Glycerol (DOHO).....	17.98 GRAMS
(Highest obtainable spec. grav.)	
Antipyrine.....	0.81 GRAMS
Benzocaine	0.21 GRAMS

IN CHRONIC SUPPURATIVE OTITIS MEDIA, FURUNCULOSIS AND AURAL DERMATOMYCOSIS

USE

O-TOS-MO-SAN

...a potent chemical combination *(not a mere mixture)*, combining Sulfathiazole and Urea in AURALGAN Glycerol (DOHO) Base—because it exerts a powerful solvent action on protein matter, liquefies and dissolves exuberant granulation tissue, cleanses and deodorizes, and tends to exhilarate normal tissue healing in the effective control of chronic suppurative otitis media.

FORMULA:

Urea	2.0 GRAMS
Sulfathiazole.....	1.6 GRAMS
Glycerol (DOHO) Base.....	16.4 GRAMS

Literature and samples sent to physicians on request.

DOHO CHEMICAL CORP.—Makers of AURALGAN and O-TOS-MO-SAN NEW YORK 13

soft bed in the supine position leads to strain of the lumbar muscles. To prevent postural abnormalities in such patients, they are instructed to lie flat in bed without pillows during the organized rest periods each day. To insure further relaxation, the knees can be flexed and the patient's pillow placed under the knees. A rolled-up towel under the lumbar curve relieves this strain.

When the patient becomes ambulatory, his standing posture is analyzed and abnormalities detected by the physical therapist. Advice for correction is given. During his entire hospitalization, the patient is reminded of the importance of posture. Large posture mirrors are located on all floors opposite the patient elevators. These carry posters with hints on how to attain good posture. Posture mirrors also are located in all patient lavatories and shower rooms.

The second phase of the posture program deals with the prevention of postural deformities after thoracoplasty. Review of the early postoperative films of those patients admitted with already marked deformities of the spine reveals that the deformity begins to develop within a few days after the removal of the first two or three ribs in the first stage of the operation. Therefore, measures employed to prevent deformity must be instituted early. That early tendency to deformity may be prevented can be demonstrated roentgenologically.

A procedure to prevent postural deformity after thoracoplasty must take into consideration the importance of rest in the treatment of the underlying disease. Hence, passive measures are preferable, for the most part, to minimize exertion on the part of the patient.

The patient who is to have a thoracoplasty is visited by the physical therapist preoperatively. She orients him as to the importance and aims of the procedure. He is advised to develop the "feel" of a straight spine while lying on his back in bed and assisted in assuming the position correctly. In general, he should lie on his back postoperatively for as long a period as is consistent with his comfort. To counteract the tendency to lateral flexion in the cervicothoracic region toward the unoperated side, he is instructed to keep these flexors stretched by approximating the ear on the operated side to the shoulder on the same side. He routinely assumes this poition while lying on his back, for two hours in the morning and two hours in the afternoon and as often in between time as is compatible with his comfort. To supplement these measures and also to prevent adapative shortening of the elevators of the shoulder on the operated side, he is instructed to make voluntary attempts frequently to depress this shoulder directly downward.

Two or three days postoperatively, depending upon the patient's general condition, passive movement of the shoulder, especially in abduction, is carried out daily. This, after a few days, is followed by active movement.

REHABILITATION OF THE CHRONIC MEDICALLY ILL

Otto Eisert, M.D., Chief, Physical Medicine Rehabilitation Service, Manhattan Beach Veterans Hospital, Brooklyn. In ARCHIVES OF PHYSICAL MEDICINE, 30:7:441, July 1949.

From this study it can be seen that over 90 per cent of these patients with chronic medical conditions were rehabilitated, at least to the extent that the amount of required attendant and nursing care was greatly reduced and ultimately to the point that most of them could go home. In this series, 64 per cent were discharged from the hospital. In the past, the patients' families were frequently informed that the prognosis was hopeless and that the patients had become more or less custodial problems. Little or no treatment was instituted, and this led to increasing apathy, loss of morale and lack of desire on the part of the patients to improve. Frequently their limbs became fixed in useless positions, and bed sores developed. With the physical medicine rehabilitation program, this situation was changed to the extent that the wards became cheerful, the patients became more interested in life and the morale of the medical staff improved. The families were invariably delighted at the patients' improvement and subsequent discharge from the hospital.

In this connection, it appears, that, in addition to the physical medicine rehabilitation program for inpatients, a good outpatient program is necessary to provide for continuity of treatment

(*Continued on page* 44)



Gives the cough relief your patient wants...



Leaves the cough reflex he needs



In the average case, it's usually possible to control the patient's cough—but often it's a real problem to do it without impairing the cough reflex he needs to keep bronchioles and throat passages clear. That's where you'll find pleasant-tasting Mercodol unique!

For Mercodol contains the cough-controlling narcotic[1] that gives better antitussive action than codeine or heroin, yet keeps beneficial cough reflex . . . a superior bronchodilator[2] to relax plugged bronchioles . . . an effective expectorant[3] to liquefy secretions. And you'll find Mercodol notably free from nausea, constipation, retention of sputum, and cardiovascular and nervous stimulation.

MERCODOL®

AN EXEMPT NARCOTIC

The antitussive syrup that controls cough—keeps the cough reflex

Merrell
1828
CINCINNATI • U. S. A.

Each 30 c.c. contains:
[1]Mercodinone* 10.0 mg.
[2]Nethamine® 0.1 gm.
[3]Sodium Citrate 1.2 gm.
*Trademark.

"A safe and effective drug to use in controlling weight gain  during pregnancy." *Coopersmith, B.I.: Dexedrine and Weight Control in Pregnancy, Am. J. Obst. & Gynec. (Oct.) 1949*

Coopersmith reports the successful use of 'Dexedrine' Sulfate Tablets for weight control in a series of 100 obstetric patients. Because 'Dexedrine' curbed appetite and thus enabled these patients to follow their prescribed diets, control or reduction of weight was achieved in virtually all cases.  It is noteworthy that other methods, including the use of thyroid, had previously failed to prevent excessive weight gain in these same individuals. "Thyroid", Coopersmith states, "increases the appetite . . . and is toxic in many cases."  "Dexedrine Sulfate", the report concludes, "is a safe and effective drug to use in controlling weight gain during pregnancy."

Smith, Kline & French Laboratories, Philadelphia

Dexedrine* Sulfate tablets • elixir

for control of appetite  in weight reduction

*T.M. Reg. U.S. Pat. Off. for dextro-amphetamine sulfate, S.K.F.

NEW METHOD FOR RELIEF OF ALLERGIC NASAL CONGESTION

Pyribenzamine

NASAL SOLUTION IN NEBULIZER

Distributes mist of minute droplets of Pyribenzamine hydrochloride Nasal Solution 0.5% throughout nasal passages.

Relief is immediate—complete—prolonged. No side reactions except occasional transient stinging. Convenient to use and carry.

Non-refillable. Provides several hundred applications. Dosage one application to each nostril every 3 to 4 hours.





Ciba

PHARMACEUTICAL PRODUCTS, INC.
SUMMIT, NEW JERSEY

PYRIBENZAMINE (brand of tripelennamine)
T. M. Reg. U. S. Pat. Off. 2/1418M



Physical Medicine (Continued)

following discharge. With such a program many patients who in the past had to remain in the hospital would be enabled to go home much earlier. Transportation should be provided to facilitate treatment in the outpatient department.

Common sense, ingenuity and perseverance are necessary in the treatment of patients with chronic conditions. The physician in charge must at all times maintain an attitude of optimism, which will, in turn, be communicated to the patients. Each case presents individual problems. In one case, a patient with bilateral cerebral thrombosis, who had been bedridden for many years, received the necessary amount of muscle reeducation and strengthening but was unable to stand because of a marked tendency to fall backward. This was counteracted by increasing the height of his heels, so that the center gravity was shifted forward. Later, when the patient acquired good equilibrium and muscular control, the heels were lowered gradually until they were of normal height.

A group of trained therapists working under the direction of the physiatrist is extremely essential. There must be close collaboration among the various members of the group. Each patient must be treated individually. It is the details in diagnosis, details in medical and surgical care and details involved in the physical medicine rehabilitation program which are essential to produce the best ultimate results. Finally, rehabilitation of patients with chronic conditions should be undertaken without consideration of the length of their previous hospitalizations or the ultimate prognosis of the disease.

SUMMARY

1. Rehabilitation is of primary benefit to patients with chronic medical diseases, as indicated by improvement of 90.9 per cent of the patients in a series of 128 and discharge of 74 per cent.

2. Nursing and attendant care is reduced, and hospital beds may be released for other patients.

3. Patients can take care of themselves for the remaining years of their lives and reacquire a certain amount of independence.

4. The families, in turn, feel that the patients

(*Continued on page* 46)



Smooth Transition
TO POSTMENOPAUSAL HORMONE LEVELS

1. Subjective relief in twenty-four hours
2. Vaginal response in forty-eight hours
3. Freedom from symptoms for approximately thirty days with a single injection of—

Suspension ESTRUGENONE

Trademark

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

(ESTROGENIC SUBSTANCES, WATER INSOLUBLE)
50,000 I.U. estrone (5 mg.) per cc.
with benzyl alcohol 2%

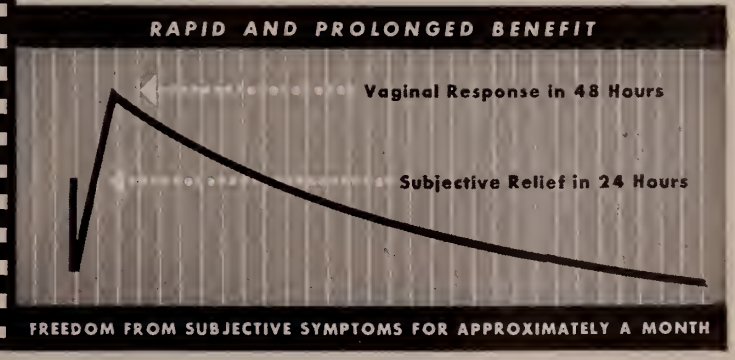
The FIRST *Estrogenic Preparation Providing* ALL *These Features:*

- Dissolved estrogens for rapid action—suspended estrogens for prolonged depot effect
- Parenteral therapy with estrogenic substances derived from natural sources at a cost no greater than that of oral medication
- Minimal likelihood of withdrawal bleeding
- Dry syringe not required . . . syringes easily cleaned after use . . . microplatelets pass readily through a 26-gauge needle

SUPPLIED: ESTRUGENONE* 50,000 I.U. estrone (5 mg.) per cc.: 5-cc. multiple-dose vials. ESTRUGENONE 20,000 I.U. estrone (2 mg.) per cc.: 5-cc. vials; 1-cc. ampuls, boxes of 25.

K·U *Kremers·Urban Company*
PHARMACEUTICAL CHEMISTS SINCE 1894
BOX 2038 . . MILWAUKEE 1 . . WISCONSIN

*Exclusive trademark of Kremers-Urban Co.



are not necessarily hopeless invalids and welcome their improvement.

CONTRIBUTION TO THE REHABILITATION OF QUADRIPLEGIC PATIENTS

Fritz Friedland, M.D., Andrew P. Owens and Joseph G. Cabo, Framingham, Mass. In ARCHIVES OF PHYSICAL MEDICINE, 30:7:450, July 1949.

During recent years a great number of special devises have been developed to permit or increase the usefulness of paralyzed hands, so to enable patients to enjoy greater independence in their activities. Most of these are devices designed for routine activities of daily life, such as holders for eating utensils, cigarets and tooth brushes; some may increase the earning power of the paralyzed, such as appliances for typing; some are modifications of tools and equipment designed for therapeutic purposes, allowing the patient to partake in occupational therapy at a time when his hands are too weak to use ordinary tools; other devices, such as automobile-driving appliances, may even be objectionable, since they permit the severely paralyzed to perform an activity which, though enjoyable, may be dangerous to him and others.

The vocational choices of quadriplegic patients are very limited. Photography could be one of the few feasible ones provided that the patient has some use of his arms; partial use of the fingers would be an added asset. There are limitations to the type of photographic work that a person with quadriplegia can do; portrait work seems most suitable. Some finger function is necessary for darkroom work. In the case to be reported the patient was interested in studying photography on a vocational basis, but because of his disability he was unable to hold and manipulate a standard camera used for professional photography. To meet his need, a wheelchair camera mount was designed and constructed by the patient and his manual arts therapist.

(Continued on page 48)

RELIEF IN 80-90% OF CASES *by the* PERENNIAL METHOD OF SPECIFIC HYPOSENSITIZATION

DIAGNOSTIC AND TREATMENT SETS

State Pollen Diagnostic Sets ($7.50): Dry pollen allergens selected according to state; 1 vial house-dust allergen. Material for 30 tests in each vial.

Stock Treatment Sets ($7.50): Each consisting of a series of dilutions of pollen extracts for hyposensitization, with accompanying dosage schedule. Single pollens or a choice of 21 different mixtures. Five 3-cc. vials in each set—1:10,000, 1:5,000, 1:1,000, 1:500, and 1:100 concentrations.

Special Mixture Treatment Sets ($10.00)

Mixtures of pollen extracts specially prepared according to the patient's individual sensitivities. Ten days' processing time required.

Arlington offers a full line of patent, carefully prepared, and properly preserved allergenic extracts for diagnosis and treatment—pollens, foods, epidermals, fungi, and incidentals.

Literature to physicians on request.

Arlington

THE ARLINGTON CHEMICAL COMPANY
YONKERS 1, NEW YORK

For most effective results in controlling pollinosis, specific hyposensitization should be continued throughout the year. Authorities agree that "desensitization treatment is still the method of choice, and the antihistaminic drugs cannot be considered as substitutes."[1]

ORDER YOUR ALLERGENIC MATERIALS NOW

1. Levin, L.; Kelly, J. F., and Schwartz, E.: New York State J. Med. 48: 1474 (1948).



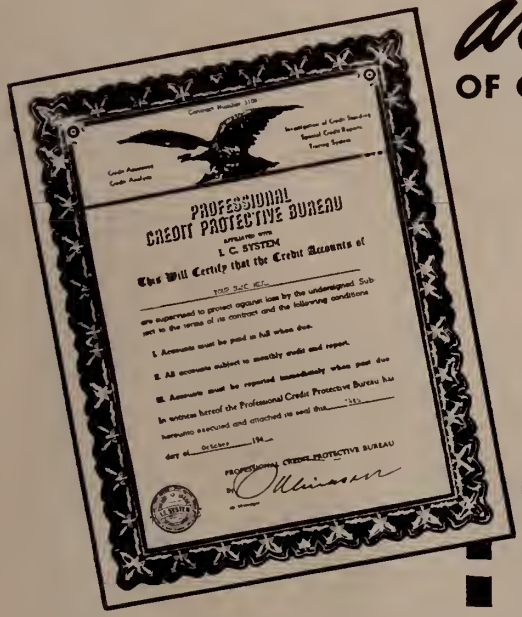
"Calling All Doctors, Your Receivables Have Suffered A Set-Back!"

Every doctor should immediately examine his accounts receivable. A thorough diagnosis is certainly in order *promptly after due date.* If some of your accounts are suffering from "slow collectibility" they should be receiving treatment while they still will respond.

COLLECTIBILITY OF ACCOUNTS—Based On Age

Accounts 60 days past due are 93% collectible.
Accounts 90 days past due are 85% collectible.
Accounts 6 months past due are 70% collectible.
Accounts 1 year past due are 40% collectible.
Accounts 2 years past due are 25% collectible.
Accounts 3 years past due are 18% collectible
Accounts 5 years past due are practically lost.

1000 DOCTORS
HOSPITALS AND CLINICS
are satisfied clients
OF OUR ETHICAL COLLECTION SERVICE


PROFESSIONAL CREDIT PROTECTIVE BUREAU
operating under
I. C. SYSTEM
This Will Certify that the Credit Accounts of

★ NOT A COLLECTION AGENCY—All Monies paid directly to you.

★ RETAINS GOOD WILL—Methods are ethical, courteous and effective.

PROFESSIONAL CREDIT PROTECTIVE BUREAU

Division of The I. C. System,
310 Phoenix Bldg., Minneapolis, Minn.

Further Inquiry Invited—
FILL OUT AND MAIL COUPON NOW

A National Organization . . .

Offered and recommended by over 50 trade and professional associations from coast to coast. Write for references of service in your area.

Professional Credit Protective Bureau
310 Phoenix Building
Minneapolis, Minn.

Gentlemen:

Without obligation, please send complete information regarding this service.

Name_____

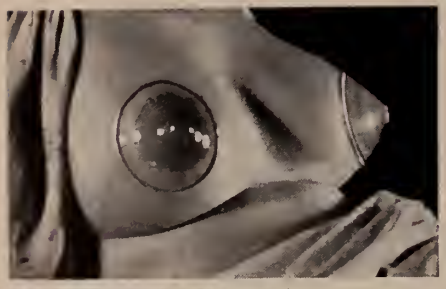
Address_____

City_____ Zone____ State_____

incidence of mastitis and other breast complications is reduced with the Plastishield Technic of Aseptic Breast Care.

- Mastitis is frequently the result of excessive handling of breasts and nipples, as well as insufficient cleanliness in postpartum breast care.
- Most cases of mastitis can be traced to nipple fissures or sore nipples which DeLee estimates affect more than half of all lactating women.
- Many breast complications can be avoided when the use of PLASTISHIELDS, begun in the hospital immediately after parturition, is continued at home.
- PLASTISHIELDS are clean, simple to use and comfortably worn.
- They are easily sterilized and prevent soreness, cracking and fissuring of nipples.
- You are invited to write for further information on the PLASTISHIELD Technic of Aseptic Breast Care.

Plastishield technic of aseptic breast care



Bibliography on use of breast shields

1. Abramson, M.: Breast Feeding the Newborn, Gen. Practice Clinics, (Oct.) 1947, p. 318.
2. McKenzie, C. H.: The Use of Plastic Nipple Shields for the Lactating Breast, Journal-Lancet, *68*:199 (May) 1948.
3. Hoffert, F.: Simplified Breast Care, The Amer. J. Nurs., *48*:372-373 (June) 1948.
4. Thomas, E. C.: The Prevention of Mastitis; the nursing problem, Edinburgh M. J. *54*:456-441, 1947.
5. DeLee, J. B.: Principles and Practice of Obstetrics, W. B. Saunders Co., Phila., 1938.

Plastishield, inc. MINNEAPOLIS MINNESOTA

PATENT APPLIED FOR AND TRADEMARK REGISTERED IN THE UNITED STATES

Physical Medicine (Continued)

SUMMARY

Wheelchair camera mount is described and illustrated; it is designed for use of quadriplegic patients who desire to engage in photography as a vocation or hobby.

THE MEDICAL TREATMENT OF CEREBROVESCULAR ACCIDENTS

Frank K. Sewell, M. D. In KENTUCKY MEDICAL JOURNAL, 47:7:265, July 1949.

A great deal of the prognosis depends upon the patient. The better he has been able to adjust in the past the better the prognosis will be. The majority of patients will survive the stroke. Strokes occurring during sleep usually improve rapidly. Paralysis mostly sensory are more likely to result in a useless limb. The lower extremities return to function better than the upper. Paralysis with stereognosis preserved is a good omen. If pain appears it will persist and grow. If there is a hemiopsia with the paralysis, defects are likely to be severe. In general the higher the lesion the more grave the prognosis. To the patient the physician should be optimistic for many recover completely and are able to resume work. These old people have a fear of being a nuisance around the house and a little overly optimistic encouragement often surprises the physician in its results.

Absolute bedrest is essential. The patient should be turned frequently to prevent hypostasis, postural drainage with aspiration of mucusis important. Well-meaning friends and neighbors should be excluded. The patient's questions should be answered as soothingly as possible. Gentle massage of the limbs with passive motion of the joints should be carried out as soon as the patient regains consciousness.

As soon as voluntary motion returns the patients should be put through systematic exercise several times each day; warm baths, diathermy and massage may help. The length of time he is kept in bed depends upon the severity of the attack. Recovery will not be complete for about one year. During this time the patient must be reeducated in a way of life suitable to his individual capacities.

It is important to differentiate between thrombosis, hemorrhage, and embolism in order that the most satisfactory treatment may be followed.

(*Continued on page* 50)

maintaining urinary antisepsis without distressing the patient

Comprehensive clinical evidence establishes that MANDELAMINE (methenamine mandelate) is effective against *Escherichia coli, Staphylococcus aureus* and *albus,* and certain streptococci. Comparative studies indicate its bacteriostatic and bactericidal effectiveness to be approximately the same as that of the sulfonamides or streptomycin.

Because MANDELAMINE therapy is exceptionally well tolerated, patients willingly adhere to the prescribed regimen.

DOSAGE: Adequate dosage is important; for maximum effect, adults should take 3 or 4 tablets t.i.d.; children in proportion.

Complete literature and samples sent to physicians on request.

6 *outstanding features*

- Has wide antibacterial range
- No supplementary acidification required (except when urea-splitting organisms occur)
- Little or no danger of drug-fastness
- Is exceptionally well tolerated
- Requires no dietary or fluid regulation
- Simplicity of regimen — 3 or 4 tablets t.i.d.

MANDELAMINE

ACCEPTED COUNCIL ON PHARMACY AND CHEMISTRY AMERICAN MEDICAL ASSOCIATION

REG U. S. PAT. OFF.

BRAND OF METHENAMINE MANDELATE

urinary antiseptic-council accepted

NEPERA

NEPERA CHEMICAL CO., INC.

Manufacturing Chemists

NEPERA PARK YONKERS 2, N. Y.

Physical Medicine (Continued)

The important periods in treating cerebral accidents are:

(1) The stage of shock. The disease is yet advancing and the end is not in sight. During this period treat shock.

(2) The period when the patient reacts and realizes the extent of his injury. Psychotherapy is invaluable at this stage.

(3) The period of recovery during which supportive psychotherapy must be given.

One of the most important recent advances patient's voluntary action. Such manipulation in geriatric medicine is the recognition of the condition of multiple small strokes.

MANAGEMENT OF POST-OPERATIVE PULMONARY COMPLICATIONS

In THE MANITOBA MEDICAL REVIEW, 29:5:273, May 1949.

Of all the complications that beset the surgeon, those involving the lungs are among the most common. These complications, marking their reduction by better preoperative preparaoperation have led to more intelligent efforts in tion, improvement in anesthetics and their administration, meticulous care in the elimination of operative trauma and close attention to the patient throughout the convalescent period.

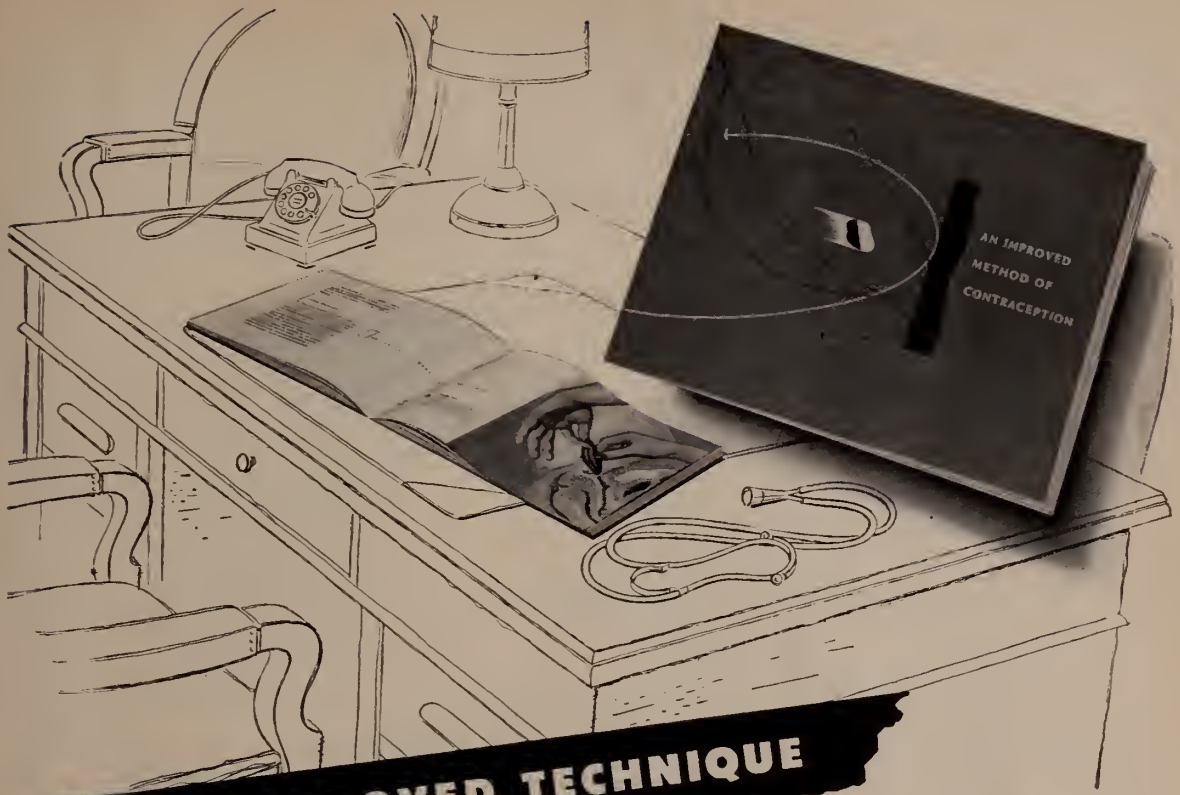
The sensible approach to pulmonary embolism is prevention of phlebothrombosis. This may be accomplished through (1) early rising, (2) by excercise, (3) Trendelenburg position to accelerate venous return from the extremities (4) anticoagulants, (5) prevention and correction of dehydration and circulatory collapse and (6) deep breathing to increase negative thoracic pressure and hence favor the movement of venous blood.

CHRONIC AND UNEXPLAINED EDEMA

A. G. W. Whitfield and W. Melville Arnott. In THE LANCIT, No. 6571, p. 225, August 6, 1949.

We have little that is constructive to offer for the treatment of these cases. Elastic stockings and sleeping with the foot of the bed raised usually produces slight improvement. Massage the difference between success and failure of an seems to have so little effect that it is not worth the time and effort that it involves.





AN APPROVED TECHNIQUE

JUST OFF THE PRESS--

IMPROVED METHOD OF CONTRACEPTION—a twelve-page brochure with five full-color anatomical illustrations—presents a complete description of the improved diaphragm and jelly method of contraception, which, according to the A.M.A. Council on Pharmacy and Chemistry, offers a maximal degree of protection.

The brochure features an improvement in contraceptive technique designed to give greater protection by assuring an adequate supply of spermatocidal jelly around the cervix, where it is needed most.

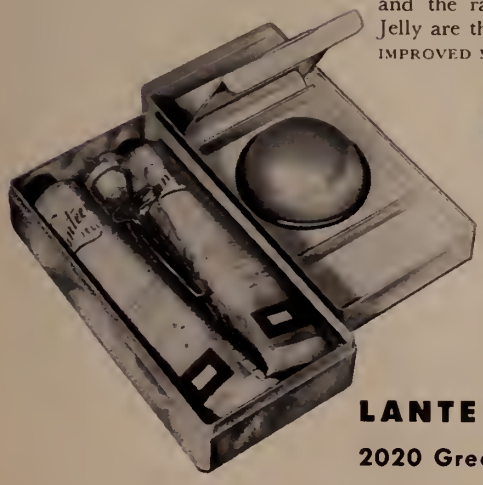
Lanteen Jelly contains: Ricinoleic Acid, 0.50%; Hexylresorcinol, 0.10%; Chlorothymol, 0.0077%; Sodium Benzoate and Glycerine in a Tragacanth base.

Available Without Cost to the Medical Profession

On request, Lanteen Medical Laboratories will send without charge:

1. The brochure, "Improved Method of Contraception."
2. The full-size professional package of Lanteen Jelly.

The unusually fine quality and construction of the Lanteen Diaphragm and the rapidly spermatocidal action and soothing effect of Lanteen Jelly are the basis for the safe and effective protection afforded by the IMPROVED METHOD OF CONTRACEPTION.



The Lanteen Diaphragm and Lanteen Jelly are accepted by the Council on Physical Medicine and the Council on Pharmacy and Chemistry of the American Medical Association, respectively.

Lanteen

LANTEEN MEDICAL LABORATORIES, INC.

2020 Greenwood Street, Evanston, Ill.

BOOK REVIEWS



MANUAL OF CLINICAL LABORATORY METHODS: Fourth Edition, Opal E. Hepler, Ph.D., M.D., Associate professor of pathology, Northwestern University Medical School, Director of the Clinical Labortories of the Montgomery Ward Clinics and Passavant Memorial Hospital, Consultant in Clinical Pathology at Children's Memorial Hospital, Chicago, Illinois. With a forward by James P. Simonds, Ph.D., M.D. 387 pages. Price $8.50. Charles C. Thomas, Springfield, Ill. Publisher.

This book is a laboratory manual written in outline form showing step by step procedure. It is essentially a book form of a student's laboratory manual presenting the basis for tests, the orderly performance, the calculation of results, interpretation, and causes of error. There is no controversial material. The book is well done. The only objection to the book is its odd size.

J. W. F.

MEDICINE OF THE YEAR: First Issue, 1949. Editorial Direction: John B. Youmans, M.D., Dean, College of Medicine, University of Illinois. Contributors: Internal Medicine, Hugh J. Morgan, M.D., Vanderbilt University, Nashville, Tenn. Leroy E. Duncan, M.D., Vanderbilt University, Nashville, Tenn. Allergy, Harry L. Alexander, M.D., Washington University, St. Louis, Mo. Cardiovascular Diseases, William J. Kerr, M.D., University of California, San Francisco, Calif. Neurology, H. Houston Merritt, M.D., Columbia University, New York, N. Y. Pulmonary Diseases, Hobart A. Reiman, M.D., The Jefferson Medical College and Hospital, Philadelphia, Pa. Dermatology, Clarence S, Livingood, M.D., The Jefferson Medical College and Hospital, Philadelphia. Pa. Metabolism and Endocrinology, Kendall Emerson, M.D., Harvard Medical School, Boston, Mass. Psychiatry, Franklin G. Ebaugh, M.D., University of Colorado, Denver, Colo. Surgery, Warren H. Cole, M.D., University of Illinois, Chicago, Ill. Urology, Cornelius W. Vermeulen, M.D., University of Illinois, Chicago, Ill. Otolaryngology, A. C. Furstenberg, M.D., University of Michigan, Ann Arbor, Mich. Ophthamology, Derrick Vail, M.D., Northwestern University, Chicago, Ill. Fractures and Orthopedics, Allan DeForrest Smith, M.D., and Harrison L. McLaughlin, M.D., Columbia University, New York, N. Y. Neurosurgery, Howard Naffziger, M.D., University of California, San Francisco, Calif. Edwin Barkley Boldrey, University of California, San Francisco, Calif. Anesthesia, Robert Dripps, M.D., University of Pennsylvania, Philadelphia, Pa. Obstetrics, Frank Whitacre, M.D., University of Tennessee, Memphis, Tenn. Pediatrics, Henry G. Poncher, M.D., University of Illinois, Chicago, Ill. Pages 141. Price: $5.00. Publisher: J. B. Lippincott Co., Philadelphia, London, Montreal.

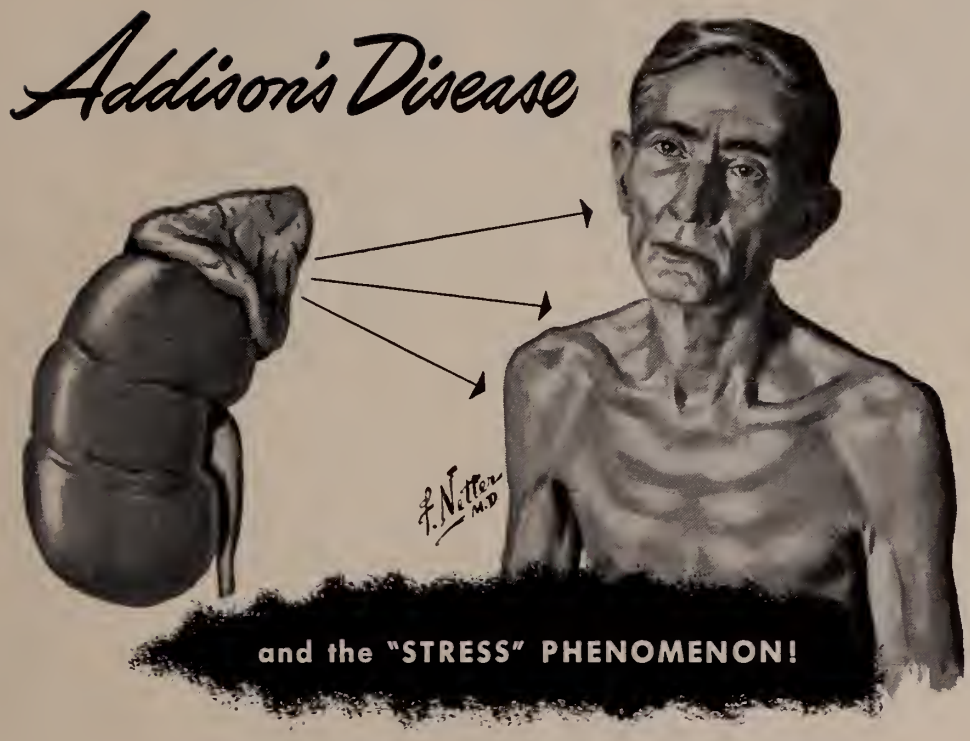
This brief resume of current medicine brings together the developments of medicine in the past year. It is written in a "current event" style representing many short medical digests prepared by well known authorities in their particular fields.

J. W. F.

MEMORIES OF EIGHTY YEARS: James B. Herrick, M.D., University of Chicago Press $5.00.

This is the story of an era as well as the autobiography of a man. Dr. Herrick takes his readers through the period of history that made Chicago a great medical center. The story centers about Rush Medical School and Presbyterian and Cook County Hospitals. First we have the medical student, then the intern, general practitioner, specialist, professor of medicine and consultant.

(*Continued on page* 54)



Addison's disease, characterized by asthenia, weight loss, pigmentation, hypotension, hypoglycemia and anemia, is the most distinct indication for Adrenal Cortex Extract Armour. Since the disease varies greatly in severity in different patients and in the same patient at different times, the dosage must be adapted to the individual case.

Some patients are controlled by as little as one c.c. daily, whereas others require 10 c.c. or more. When the Addisonian patient is exposed to some unusual stress such as infection, surgery, trauma or excessive physical exertion, massive dosage (50 c.c. or more) may be required. Indeed, there are many published reports which indicate that the adrenal cortex steroids are of great importance in helping normal (non-Addisonian) individuals meet such stress. Adrenal Cortex Extract Armour is also indicated in connection with the surgical removal of adrenal tumors to meet both the stress of the operation and to compensate for deficiency of cortical secretion.

Adrenal Cortex Extract ARMOUR

is a highly concentrated and purified extract of adrenal glands, essentially free of epinephrine and containing a mixture of the cortical steroids as isolated by Kendall and others. It is supplied in 10 c.c. rubber-capped vials, and standardized to contain not less than 50 dog units per c.c.

Have confidence in the preparation you administer — specify "Armour"

ARMOUR Laboratories

HEADQUARTERS FOR MEDICINALS OF ANIMAL ORIGIN • CHICAGO 9, ILLINOIS



...USED BY OVER

50,000

WEARERS

These thousands are proof of the satisfaction given by Hanger Artificial Limbs. Produced by long-established companies, the limb is a well-tried product, and the wearer is assured of proper service after purchase.

High quality materials, sturdy construction, and experienced workmanship make a dependable limb natural in appearance, graceful in action, and general in utility. Proper fit by an experienced Hanger man ensures the utmost comfort.

The reputation and prestige of Hanger Limbs have been established in daily use for over 85 years. Today more people wear Hanger Artificial Limbs than those of any other make.

HANGER ARTIFICIAL LIMBS

527-529 S. Wells St., Chicago 7, Illinois
1912-14 Olive Street, St. Louis 3, Missouri

ACCIDENT - HOSPITAL - SICKNESS

INSURANCE

FOR PHYSICIANS, SURGEONS, DENTISTS EXCLUSIVELY

ALL PREMIUMS COME FROM — PHYSICIANS SURGEONS DENTISTS — ALL CLAIMS GO TO

$5,000.00 accidental death	$8.00
$25 weekly indemnity, accident and sickness	Quarterly
$10,000.00 accidental death	$16.00
$50 weekly indemnity, accident and sickness	Quarterly
$15,000.00 accidental death	$24.00
$75 weekly indemnity, accident and sickness	Quarterly
$20,000.00 accidental death	$32.00
$100 weekly indemnity, accident and sickness	Quarterly

ALSO HOSPITAL EXPENSE FOR MEMBERS WIVES AND CHILDREN

Cost has never exceeded amounts shown.

85c out of each $1.00 gross income used for members' benefit

$3,000,000.00 INVESTED ASSETS

$16,000,000.00 PAID FOR CLAIMS

$200,000.00 deposited with State of Nebraska for protection of our members.

Disability need not be incurred in line of duty—benefits from the beginning day of disability

PHYSICANS CASUALTY ASSOCIATION
PHYSICIANS HEALTH ASSOCIATION

47 years under the same management
400 First National Bank Building — OMAHA 2, NEBRASKA

BOOK REVIEWS (Continued)

His association with men familiar to most Illinois physicians brings the book close to home. Frequent references are made to such dynamic personalities as John B. Murphy, Nicholas Senn and Christian Fenger. Here we have many stories, old and new, of these titans of the day.

One of the major drawbacks of the book is Dr. Herrick's frequent references to his mistakes and those of others. In this respect it goes beyond the stage of modesty and leaves the impression that all too many of our patients are poorly treated and ill advised. This could have been avoided had he brought up some of his many accomplishments.

T. R. VD.

FUNDAMENTALS OF OTOLARYNGOLOGY: Published by W. B. Saunders Company, 1949. Price: $6.50.

In Dr. Boies' latest work we see a compact review of otolaryngology that should be clear and easy reading for any practitioner interested in this specialty.

Of a special interest are the illustrations throughout which serve to illustrate not only the surgery but also the anatomy and physiology of the specialty. Care has been given to the most recent advances in treatment and although the various articles comprising the volume are short, they are quite complete and very informative. We certainly believe that this volume would be of great interest to all those engaged in this field of endeavor.

J. A. H

RECENT ADVANCES IN OTO-LARYNGOLOGY: Published by The Blakiston Company, 1949. Price: $6.00.

This volume presents one of the most practical quides in the training of otolaryngology that has yet been published. The text is written in such a fashion to be of utmost interest to both general practitioners and to specialists in the field of otolaryngology who find occasion to review certain subjects of the specialty from time to time. It is noted that the volume presents many conditions on a short but concise manner but makes the general impression clear to the mind.

One also notes the inclusion of many small but necessary little procedures that are overlooked in the larger texts but which are of utmost importance in actual practice.

In finality, mention should also be made that the volume contains recent advances that are usually available only by library study: these items being chemotherapy and antibiotics, hearing aids, and aviation otolaryngology. This work has been of great interest to me as a matter of review and it will certainly be a valuable adenda to the library of either specialists or general practitioner.

J. A. H.



Throat Specialists report on 30-Day Test of Camel smokers—

"Not one single case of throat irritation due to smoking Camels!"

● Yes, these were the findings in a total of 2,470 weekly examinations of hundreds of men and women from coast to coast who smoked only Camels for 30 consecutive days! And the smokers in this test averaged one to two packages of Camels a day!



R.J. Reynolds Tobacco Co., Winston-Salem, N. C.

According to a Nationwide survey:

More Doctors Smoke Camels

than any other cigarette!

Doctors smoke for pleasure, too! When three leading independent research organizations asked 113,597 doctors what cigarette they smoked, the brand named most was Camel!

BOOKS RECEIVED

The following books have been received for reviewing, and are herewith acknowledged. This listing should be considered as a sufficient return for the courtesy of the sender. Books that appear to be of unusual interest will be reviewed as space permits each month. Readers desiring additional information relative to books listed, may write the Editor who will gladly furnish same promptly.

OPERATIVE TECHNIC IN SPECIALTY SURGERY; Edited by Warren H. Cole, M.D., F.A.C.S., Chicago. Appleton-Century-Crofts, Inc., New York. Price $14.00.

MEMORIES OF EIGHTY YEARS: By James B. Herrick, M.D., Chicago. The University of Chicago Press, Chicago. Price $5.00.

STEDMAN'S MEDICAL DICTIONARY, Seventeenth Revised Edition with Etymologic and Orthographic Rules. Edited by Normal Burke Taylor, M.D., F.R.S.C., F.R.C.S., (Edin.), F.R.C.P. (Can.), M.R.C.S. (Lon.). The Williams & Wilkins Company, Baltimore, 1949. Price $8.50.

FRACTURES; Fifth Edition, By Paul B. Magnuson, M.D., F.A.C.S., and James K. Stack, M.D., F.A.C.S. 323 Illustrations. Philadelphia and London. J. B. Lippincott Company, 1949. Price $7.00.

THE CHICAGO-COOK COUNTY HEALTH SURVEY Conducted by the United States Public Health Service. New York, Columbia University Press, 1949. Price $15.00.

A COMPANION IN SURGICAL STUDIES, Ian Aird, Ch.M., F.R.C.S., Baltimore, The Williams and Wilkins Company, 1949. Price $15.00.

MAY'S MANUAL OF THE DISEASES OF THE EYE for Students and General Practitioners. Twentieth Edition, Revised and Edited by Charles A. Perera, M.D. With 378 illustrations including 32 plates with 93 colored figures. Baltimore, The Williams and Wilkins Company, 1949. Price $5.00.

ILLUSTRATIONS OF SURGICAL TREATMENT. Instruments and Appliances. By Eric L. Farquharson, M.D, F.R.C.S. (ed.), F.R.C.S. (Eng.). Third Edition. Baltimore. The Williams and Wilkins Company, 1949. Price $7.00.

THE ORIGIN OF MEDICAL TERMS: By Henry Alan Skinner, M.D., F.R.C.S. (C.). Baltimore, The Williams & Wilkins Company, 1949. Price $7.00.

LIFE AMONG THE DOCTORS: Paul DeKruif, In Collaboration with Rhea DeKruif. Harcourt, Brace and Company, New York. Price $4.75.

STREPTOMYCIN, Nature and Practical Applications: Edited by Selman A. Waksman, Ph.D. Baltimore, The Williams & Wilkins Company, 1949. Price $10.00.

A PRACTICE OF ORTHOPAEDIC SURGERY: By T. P. McMurray, C.B.E., M.D., M.D.H., F.R.C.S. (Edin.). Third Edition. Baltimore, The Williams & Wilkins Company, 1949. Price $8.00.

A SYNOPSIS OF MEDICINE: By Sir Henry Letheby Tidy, K.B.E., M.A., M.D., B.Ch., (Oxon.), F.R.C.P. (Lond.) Ninth Edition, Revised and Enlarged. Baltimore; The Williams Company, 1949. Price $7.50.

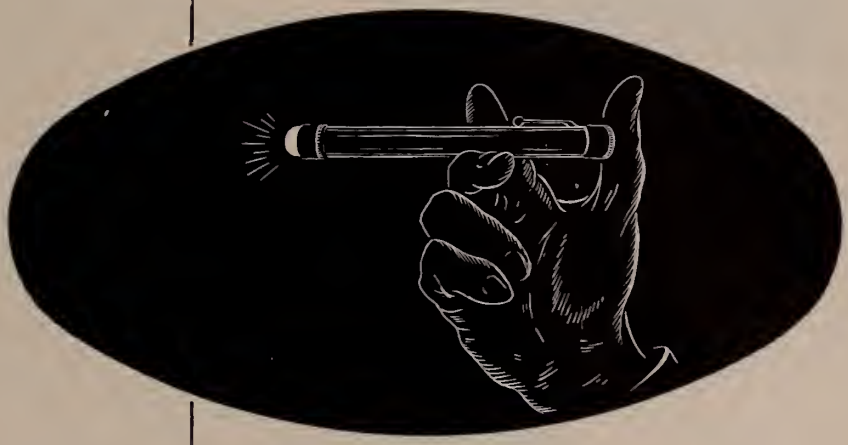
AN ATLAS OF THE BLOOD AND BONE MARROW: By R. Philip Custer, M.D. 321 pages with 285 figures, 42

(*Continued on page 58*)



DRINK
Coca-Cola
TRADE MARK REG.

You trust
its quality



After Tonsillectomy
In Pharyngitis . . .
Acute and
Chronic Tonsillitis . . . *for analgesia and antipyresis . . . especially in young children*

Dillard's **ASPERGUM**

SALIVARY ANALGESIA

Contains 3½ grains of aspirin in a pleasantly flavored chewing gum base . . . acceptable to all patients. Ethically promoted.

WHITE LABORATORIES, INC.
Pharmaceutical Manufacturers, Newark 7, N. J.



FULLY APPROVED BY THE
AMERICAN COLLEGE OF SURGEONS

NORTH SHORE HEALTH RESORT

WINNETKA, ILLINOIS

on the Shores of Lake Michigan

A completely equipped sanitarium for the care of
nervous and mental disorders, alcoholism and drug addiction
offering all forms of treatment, including electric shock

Samuel Liebman, M.S., M.D.
Medical Director

225 Sheridan Road **Phone Winnetka 211**

BOOKS RECEIVED (Continued)

in color. Philadelphia and London: W. B. Saunders Company, 1949. Price $15.00.

DISEASES OF THE HEART: By Charles K. Friedberg, M.D. 1081 pages with 79 figures. Philadelphia & London: W. B. Saunders Company, 1949. Price $11.50.

NORMAL VALUES IN CLINICAL MEDICINE: By F. William Sunderman, M.D., Ph.D., 845 pages with 237 figures and 413 tables. Philadelphia and London: W. B. Saunders Company, 1949. Price $14.00.

THE EYE AND ITS DISEASES: By 92 International Authorities: Edited by Conrad Berens, M.D., F.A.C.S. New, 2nd Edition. 1092 pages with 436 figures, 8 in colors. Philadelphia and London: W. B. Saunders Company, 1949. Price $16.00.

ABRAHAM LEVINSON ANNIVERSARY VOLUME: Studies in Pediatrics and Medical History. In honor of Dr. Levinson's Sixtieth Birthday. By 47 outstanding pediatricians and medical historians. Dr. Solomon R. Kagan, Editor. 365 pages. Froben Press, Inc., 1776 Broadway, New York 19, N. Y. Price $6.00.

CLINICAL INTERPRETATION OF LABORATORY TESTS: By Raymond H. Goodale, M.D., 622 pages (6" x 9") 107 illustrations, 3 in color. F. A. Davis Company, 1914-16 Cherry Street, Philadelphia 3, Pa., 1949. Price $6.50.

MOBILIZATION OF THE HUMAN BODY: By Harvey E. Billig Jr. and Evelyn Loewendahl. Foreword by Carl H. Young, Ed. D. 65 pages. Stanford University Press, Stanford, California. Price $2.00.

A TEXTBOOK OF SURGERY: By American Authors (Fifth Edition) Edited by Frederick Christopher, B.S., M.D., F.A.C.S. 1550 pages with 1465 illustrations on 742 figures. Philadelphia and London: W. B. Saunders Company, 1949. Price $13.00.

SURGICAL AND MAXILLOFACIAL PROSTHESIS: By Oscar E. Beder. 51 pages. Columbia University Press, Morningside Heights, New York. Price $3.00.

A TEXTBOOK OF PHYSIOLOGY: Originally by William H. Howell, M.D., (Sixteenth Edition) Edited by John F. Fulton, M.D. 1258 pages with 556 figures. Philadelphia and London: W. B. Saunders Company, 1949. Price $10.00.

CYSTOSCOPY AND UROGRAPHY: By Jas. B. Macalpine, D. Sc. (Honoris Causa), F.R.C.S. (Eng.) Third edition. Revised and enlarged, with 338 illustrations in the text and 15 coloured plates. The Williams and Wilkins Company, 1949. Price $13.50.

DIAGNOSIS AND TREATMENT OF BRAIN TUMORS AND CARE OF THE NEUROSURGICAL PATIENT: By Ernest Sachs, A.B., M.D. 348 illustrations and ten color plates. Second edition. The C. V. Mosby Company, St. Louis, 1949. Price $15.00.

AN ATLAS OF AMPUTATIONS: By Donald B. Slocum, M.D., M.S. 562 pages with 564 illustrations. The C. V. Mosby Company, St. Louis, 1949. Price $20.00.



THE MARY POGUE SCHOOL

Complete facilities for training retarded and epileptic children educationally and socially. Pupils per teacher strictly limited. Excellent educational, physical and occupational therapy programs.

Recreational facilities include riding, group games, selected movies under competent supervision.

Separate buildings for boys and girls under 24 hour supervision of skilled personnel.

Catalogue on request.

G. H. Marquardt, M.D. — *Medical Director*

Barclay J. MacGregor — *Registrar*

33 GENEVA ROAD,
WHEATON, ILLINOIS
(near Chicago)

FOR REST and CONVALESCENCE *under competent Medical Supervision*

St. Joseph's Health Resort **WEDRON, ILLINOIS**

85 miles from Chicago, on the Fox River

Conducted for the care of non-infectious diseases and mild nervous disorders by the Missionary Sisters of The Most Sacred Heart of Jesus.

Offering medical attention, private rooms and baths, excellent meals, special diets, physio- and hydrotherapy and diagnostic medical laboratory facilities.

Medical Director
Robert J. Schiffler, M.D.

Superintendent
Sister Mary Severine

Literature and Rates upon Request — — — Telephone Ottawa 2780

ANTIBIOTIC DRUG PROVES VALUABLE FOR SKIN DISEASE

Successful use of an antibiotic drug, bacitracin, for impetigo and other skin diseases is reported in the Sept. 17 Journal of the American Medical Association.

Bacitracin is thought to be especially valuable because it apparently causes few allergic reactions, say Drs. Jack L. Derzavis of Georgetown University School of Medicine, Washington, D. C., and J. Sidney Rice and Louis S. Leland of the U. S. Army Medical Corps, Washington, D. C.

In contrast, use of sulfa drugs and penicillin for skin diseases has the drawback that some patients become hypersensitive to these substances which they may need later for severe infections, such as pneumonia.

To determine human sensitivity to bacitracin, the doctors made patch tests of 150 adults by applying a small amount of the drug to the skin for 48 hours. All of the tests were negative for reaction to bacitracin.

A fortnight later, the doctors say, 50 of these same persons were retested by the patch method on the same site for another 48 hours. All test sites were again normal after the patches were removed.

"These results seemed indicative of low allergenicity and were subsequently corroborated by the occurrence of only one case of dermatitis of the contact type (inflammation of the skin from contact with a substance) among the 138 patients subsequently treated with bacitracin ointment," the doctors point out.

Only skin diseases which respond well to treatment with penicillin and the sulfa drugs were treated with bacitracin. Of the 138 patients, 128 were cured by the newer antibiotic drug, five were improved, and only five failed to improve.

Results against contagious impetigo are especially noteworthy, the doctors emphasize. Many of these eruptions were cured in 48 hours after treatment with bacitracin was begun.

SKIN DISEASE ATTACKS FLORIDA SWIMMERS

People who bathe in the ocean off the lower East coast of Florida are being attacked by a strange skin disease, according to Dr. Wiley M. Sams of Miami.

A rash or welts and associated itching occur a short time after leaving the water, Dr. Sams reports in a current issue of Archives of Dermatology and Syphilology published by the American Medical Association.

The disease appears at infrequent intervals and its occurrence is unpredictable, he says. Cause of the eruption has not been determined.

"In children, especially in younger children in whom the eruption is extensive, fever is common, often with a temperature to 101 or 102 F., and sometimes higher," he writes. "In spite of the severity of the symptoms, however, the disorder ordinarily will run its course in four or five days."

in whooping cough

ELIXIR BROMAURATE

GIVES EXCELLENT RESULTS

Cuts short the period of illness and relieves the distressing spasmodic cough. Also valuable in Bronchitis and Bronchial Asthma.

In four-ounce original bottles. A teaspoonful every 3 to 4 hours.

Prescribed by Thousands of Doctors

GOLD PHARMACAL CO. **NEW YORK CITY**

The NORBURY SANATORIUM

JACKSONVILLE, ILLINOIS — INCORPORATED and LICENSED

For the Treatment of Nervous and Mental Disorders

DR. ALBERT H. DOLLEAR, Superintendent
DR. FRANK GARM NORBURY, Medical Director
DR. SAMUEL N. CLARK, Physician
DR. HENRY A. DOLLEAR, Physician

Address Communications — THE NORBURY SANATORIUM, Jacksonville, Illinois

URGE STANDARDS FOR BCG

A recommendation that commercial firms be licensed to produce BCG, the vaccine used as an immunizing agent against tuberculosis, as soon as suitable standards for its production can be established, has been made by the American Trudeau Society, medical section of the National Tuberculosis Association.

Dr. Kirby S. Howlett, ATS president, has announced that the ATS adopted a report of its Subcommittee on Immunology which recommends that "efforts be continued to perfect and to meet in practice suitable standards for the production of BCG vaccine, and that, when practicable, commercial firms be licensed under the National Institute of Health to produce the vaccine."

BCG, an abbreviation for Bacillus Calmette-Guerin, is made from an avirulent bovine tubercle bacillus and is the most practical known immunizing agent against tuberculosis, according to Dr. Howlett. It has been widely used in Europe, but its use in this country has been restricted largely to controlled studies because of many unanswered questions about the value of the vaccine. BCG is given only to persons who do not react to a tuberculosis skin sensitivity test.

Except for the section dealing with licensing, the ATS statement is essentially the same as one adopted in January 1948. Both statements point out that "the degree of protection reported following vaccination is by no means complete nor is the duration of induced relative immunity permanent or predictable," and emphasize the need for further basic research on the problem of artificial immunization against tuberculosis.

The revised statement also reemphasizes that vaccination is only one of many procedures to be used in tuberculosis control and cannot be regarded as a substitute for approved hygienic measures or for public health practices designed to prevent or minimize tuberculous infection and disease.

The paragraph urging standardization as quickly as possible, followed by licensing commercial firms to produce BCG, is a substitute for a section in the earlier statement which advised against making the vaccine available for general distribution, primarily because the vaccine had never been standardized.

A more positive stand is taken in the current statement in urging that the vaccine be standardized so that it can be produced commercially in this country.

Tuberculin tests are an essential part of preventive services to children, both to indicate whether infection has occurred and to direct attention to sources of infection. The increasing interest in BCG vaccine may lead before long to its wide use in minimizing the probability of the development of clinical tuberculosis. Henry E. Meleney, M.D., The Milbank Memorial Fund Quarterly, July, 1949.

Edward Sanatorium — NAPERVILLE, ILLINOIS (30 miles west of Chicago) Est. 1907 by Dr. Theodore B. Sachs

FOR THE TREATMENT OF TUBERCULOSIS

Jerome R. Head, M.D.—Chief of Staff
Ideally situated — beautiful landscaped surroundings — modern buildings and equipment
A-A rating by Illinois Department of Health
Full approval of the American College of Surgeons
Active Institutional member of the American Hospital Association
For detailed information apply to—

Business Office at the Sanatorium — Telephone Naperville 450

NERVOUS and MENTAL DISEASE

FOR MILD CASES *FOR SEVERE CASES*

MICHELL FARM — MICHELL SANATORIUM

Licensed by State of Illinois

INFORMATION ON REQUEST

106 North Glen Oak Ave., Ph. 3-5179, Peoria, Ill.

Chicago Office:

46 East Ohio Street . . . Phone Delaware 6770



REPORTS NO UNFAVORABLE REACTION FROM ARTHRITIS TREATMENT WITH ACTH

Two patients crippled with arthritis who have been under going treatment with ACTH—one since May 5 and the other since June 6—are experiencing continued relief under maintenance dosages without any serious reactions.

This report is made by Dr. David E. Markson, associate professor of medicine at Northwestern University Medical School, Chicago, in the Oct. 15 Journal of the American Medical Association.

The medical profession has been particularly concerned about the possibilities that ACTH (pituitary adrenocorticotropic hormone) may have toxic effects after prolonged usage although its administration brings miraculous and immediate relief to patients suffering from arthritis.

One patient was treated in the Wesley Memorial Hospital, Chicago, for four months and the other for three months. Upon their discharge they were continued on maintenance dosage of the compound and checked at weekly intervals.

"Serious reactions or sypmtoms from treatment have not been noted," says Dr. Markson. "It would be presumptuous at this point in the investigation of its effect to consider ACTH as a cure for arthritis. However, in my opinion no other agent could have accomplished so much in so short a time. Only the future will give the final answer to the possible dangers from further prolonged treatment with this endocrine substance.

"It has not been considered that these patients are cured of arthritis as they both have continued their maintenance dosage of the compound. In both of the patients, the return to the approximation of their original status was noted when administration of the medicament was discontinued for three days. It is believed that, as in the treatment of diabetes, the maintenance dosage must be continued indefinitely.

"It is believed that ACTH has opened a new approach to the treatment of rheumatoid arthritis, and that the endocrine substance, like insulin in the treatment of diabetes, may keep these patients comfortable and restore them from invalidism to productive, useful lives in their former occupations."

WARN OF ILL EFFECTS FROM OVERDOSES OF ASPIRIN

A warning that aspirin acts as a poison when taken in too large doses is given by three Philadelphia doctors.

Excessive amounts of the drug have a toxic effect on the brain, kidneys, and other organs, Drs. Bernard L. Lipman, Sidney O. Krasnoff, and Robert A. Schless point out in the October issue of American Journal of Diseases of Children, published by the American Medical Association.

They report five cases of poisoning from overdoses of aspirin. Three patients were children, and there were two deaths in the series.

Fairview Sanitarium

2828 S. PRAIRIE AVE.
CHICAGO 16
Phone CAlumet 5-4588
Registered with the American Medical Association,

FOR THE DIAGNOSIS AND TREATMENT OF
MENTAL and NERVOUS DISORDERS
featuring all recognized forms of therapy including —
ELECTRONARCOSIS
ELECTRIC SHOCK
HYPERPYREXIA
INSULIN
NEWEST TREATMENTS FOR ALCOHOLISM
J. DENNIS FREUND, M.D.
Medical Director and Superintendent

Your Advertisers

This is an index of those who serve the Medical Profession and support your Journal. All advertisers are approved by your Journal Committee. It will help you to mention your Journal when writing them.

BODY SUPPORTS

J. E. Hanger, Inc., Chicago 5 54

CLASSIFIED

Classified Advertisements 64

FOODS

Borcherdt Malt Extract Co., Chicago 12 8
Coca Cola, Atlanta, Ga. 56
Mead Johnson & Co., Evansville, Ind. .. Inside Back Cover

FINANCIAL AND INSURANCE

Professional Credit Protective Bureau, Minneapolis 47
Medical Protective Co., Fort Wayne, Ind. 50
Physician Casualty Co., Omaha, Neb. 54

PHARMACEUTICALS

Abbott Laboratories, North Chicago, Illinois 31
Arlington Chemical Co., Yonkers 1, N. Y. 46
Armour Laboratories, Chicago 9, Ill. 53
Ayerst, McKenna & Harrison Ltd., New York 16 12
Burroughs-Wellcome & Co., Tuckahoe 7, N. Y. 32
Ciba Company, Summit, N. J. 4, 43
Commercial Solvents Corp., Terre Haute, Ind. 22
Doho Chemical Corp., New York 13, N. Y. 39
Eaton Laboratories, Inc., Norwich, N. Y. 18
Gold Pharmacal Co., New York 59
Hoffman-LaRoche, Inc., Nutley, N. J. 11
Hynson Westcott & Dunning, Charles and Chase St., Baltimore 44
Kremers-Urban Co., Milwaukee 1 45
Lanteen Medical Laboratories, Chicago 10 51
Lederle Labs, New York 20 17
Thos. Leeming Co., 155 E. 44th St., New York 17 3
Lily, Eli & Co., Indianapolis, Ind. 33, 34
S. E. Massengill Co., Bristol, Tenn. 20
Merck & Co., Rahway, N. J. 24
Wm. S. Merrell, Cincinnati 13, 30, 41
Morris, Philip & Co., 119 Fifth Ave., New York 36
Num Specialty Co., Pittsburgh, Pa. 64
Nepera Chemical, Yonkers, N. Y. 49
Organon, Inc., Orange, N. J. 28
Parke, Davis & Co., Detroit, Mich. 21
Plastishield, Inc., Minneapolis 2, Minn. 48
Reynolds & Co., R. J., Winston-Salem, N. C. 55
A. H. Robins Co., Inc., Richmond 20, Va. 25
Schering Corp., Bloomfield, N. J. 15
Schmid, Julius, Inc., 423 W. 55th St., New York City .. 37
G. D. Searle & Co., P. O. Box 5100, Chicago Inside Front Cover
Sharp & Dohme, 11 Canal St., Chicago 9
Smith, Kline & French, Philadelphia 10, 27, 42, 63
E. R. Squibbs & Co. 19
Wm. R. Warner & Co., 113 W. 18th St., New York 26
Whittaker Laboratories Inc., New York City 5
White Laboratories, Inc. 6, 29, 35, 57
Winthrop Stearns Co., 70 Varick St., New York 16
Wyeth Incorporated 23

SANATORIA AND SANITARIA

The Bellevue Place, Batavia, Ill. 64
Costeff Sanatorium, Peoria, Ill. 64
Edward Sanatorium, Naperville, Ill. 60
Fairview Sanitarium, Chicago 16 61
Michell Farm, Peoria 61
Milwaukee Sanitarium, Wauwatosa, Wis. Back Cover
Norbury Sanatorium, Jacksonville, Ill. 60
North Shore Health Resort, Winnetka 58
Mary Pogue School, Wheaton, Ill. 58
St. Joseph's Health Resort, Wedron, Ill. 59
Stokes Sanitarium, Louisville, Ky. 64

EQUIPMENT

Picker X-Ray, New York 10, N. Y. 14

RADIUM

Central X-Ray & Clinic Laboratory, 58 E. Washington, Chicago 64
Physicians Radium Assn., 55 E. Washington St., Chicago 5

why **acne**

clears up so rapidly

when you prescribe

Acnomel



ACNOMEL's rapid action is due, chiefly, to its remarkable vehicle. This special vehicle, which embodies an entirely new principle, assures the effectiveness of ACNOMEL's time-tested active agents. It has all the virtues of an oil-in-water emulsion, yet it is entirely free from wax, oil, or grease. ACNOMEL is stable, grease-free, flesh-tinted. It contains resorcinol, 2%; and sulfur, 8%. Available, on prescription only, in specially-lined 1½ oz. tubes.

Smith, Kline & French Laboratories. Philadelphia

Acnomel *a significant advance, clinical and cosmetic,* **in acne therapy**

COSTEFF SANITARIUM

Mental and Nervous Disorders
Alcoholism and Drug Addiction

- **SHOCK TREATMENT** (Insulin, Metrazol Electro-shock) administered in suitable cases
- **ARTIFICIAL FEVER THERAPY**

Home like environment, individual attention. MODERATE RATES.

Licensed by the State of Illinois

HARRY COSTEFF, M. D., Medical Director
1109 NO. MADISON AVE., PEORIA, ILL.
Phone 4-0156 Literature on request.



BELLEVUE PLACE

For
NERVOUS and MENTAL DISEASES

★

Edward Ross, M.D., Medical Director
BATAVIA ILLINOIS
PHONE BATAVIA 1520

Central X-Ray & Clinical Laboratory

COMPLETE MEDICAL X-RAYS & LABORATORY SERVICE, INCLUDING:
Electroencephalograms
Gastroscopic Examinations
Retrograde Pyelograms

24 Hour Switchboard Service

111 NO. WABASH AVENUE
PHONE DEarborn 2-6960

Classified Ads

FOR SALE: Physician's office equipment and Leasehold, library, instruments, furniture, etc. In city of 75,000 in north central Illinois. Gen'l practitioner or any specialist except surgery. Write Box 155, Ill. Med. Jl., 30 N. Michigan Ave., Chicago 2.

WANTED: M.D. grad. of Class A school, age under 40, Protestant. To assoc. in clinic on salary or percentage basis. Gen'l practise. Central Ill. In time, to assume practise of senior partner. Write Box 154 Ill. Med. Jl., 30 N. Michigan Ave., Chicago 2, Ill. 2/50

THE STOKES SANITARIUM 923 Cherokee Road, Louisville, Kentucky

Our **ALCOHOLIC** treatment destroys the craving, restores the appetite and sleep, and rebuilds the physical and nervous condition of the patient. Liquor withdrawn gradually, no limit on the amount necessary to prevent or relieve delirium.

MENTAL patients have every comfort that their home affords.

The **DRUG** treatment is one of gradual Reduction. It relieves the constipation, restores the appetite and sleep; withdrawal pains are absent. No Hyoscine or rapid withdrawal methods used unless patient desires same.

NERVOUS patients are accepted by us for observation and diagnosis as well as treatment.

E. W. STOKES, Medical Director, Established 1904.
Telephone—Highland 2101

Just before World War II several British warships were steaming majestically into home port. The admiral in command — a most fastidious gentleman — ordered a message sent to the port commander to have his special laundress ready to take charge of the soiled linen that had accumulated during the voyage. Soon signal flags fluttered from the flagship, and not long after a chuckle rolled through the entire fleet. For the message, for all to see, read: "Please tell Admiral's woman to be ready moment we heave-to."

When the effect of the message became apparent, the admiral turned on the unfortunate signalman. "I said washerwoman, not woman! Correct it!" he exploded.

Up fluttered more flags, as the fleet watched. "Correction. Insert washer between admiral and woman"

REPORT EARLY TREATMENT PREVENTS PAINFUL FOOT DEFORMITIES LATER

Painful foot deformities in adult life may be prevented by manipulative treatments at the first sign of any unusual condition in babyhood, two Wisconsin doctors report in the Oct. 15 Journal of the American Medical Association.

According to Drs. Donald W. McCormick of Fond du Lac and Walter P. Blount of Milwaukee, a condition known medically as metatarsus adductovarus and commonly as skewfoot is now more prevalent in this country than clubfoot. In skewfoot the fore part of the foot tends to curve inward.

Untreated, it may persist as an annoying deformity with displacement of the big toe, bunion, flatfoot and chronic foot strain, the Wisconsin physicians report.

"Adequate early and persistent manipulative treatment with casts will completely correct the moderate deformity," they say. "As skewfoot is recognized and treated by the orthopedic surgeon in the nursery, much disability in adult life will be eliminated."

new convenience • new flexibility in dosage
new all-around usefulness

3 new water-soluble liquid vitamin preparations



Poly-Vi-Sol

Each 0.6 cc. supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50.0 mg.
Thiamine	1.0 mg.
Riboflavin	0.8 mg.
Niacinamide	5.0 mg.

Tri-Vi-Sol

Each 0.6 cc. supplies:

Vitamin A	5000 USP units
Vitamin D	1000 USP units
Ascorbic Acid	50 mg.

Ce-Vi-Sol

Each 0.5 cc. supplies:

Ascorbic Acid	50 mg.

Each of these preparations is ideally suited for routine prophylactic or therapeutic vitamin supplementation for infants and children as well as adults.

Water-soluble, pleasant tasting, they can be stirred into the infant's formula, or into fruit juice, milk, cereals, puddings, etc.; or incorporated in mixtures for tube feeding.

Each is scientifically formulated and ethically marketed. They are supplied in 15 and 50 cc. bottles, with an appropriately calibrated dropper.

MEAD'S

MEAD JOHNSON & CO. EVANSVILLE 21, IND., U.S.A.

N Y Acad of Med
5 Ave & 103rd St
New York N Y
Lxch

COLONIAL HALL
One of the 14 Units in "Cottage Plan"

FOR NERVOUS DISORDERS

MAINTAINING the highest standards for more than a half century, the Milwaukee Sanitarium stands for all that is best in the care and treatment of nervous disorders. Photographs and particulars sent on request.

Josef A. Kindwall, M. D.
Carroll W. Osgood, M. D.
William T. Kradwell, M. D.
Benjamin A. Ruskin, M. D.
Lewis Danziger, M. D.
Russell C. Morrison, M. D.
James L. Baker, M. D.
Robert A. Richards, M. D.

Arthur J. Patek, M. D.
Consultant

G. H. Schroeder,
Business Manager

MILWAUKEE SANITARIUM

WAUWATOSA—WISCONSIN

PHYSICIAN'S CHICAGO OFFICE—1117 Marshall Field Annex—Wednesdays, 1-3 P.M.—Central 6-1162

The New York Academy of Medicine

THIS BOOK MUST NOT BE RETAINED FOR LONGER THAN ONE WEEK AFTER THE LAST DATE ON THE SLIP UNLESS PERMISSION FOR ITS RENEWAL BE OBTAINED FROM THE LIBRARY.

AUG 30 1950

SEP 8 1953

MAY 11 1954